

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-11-2006 90240 015 ***150.00

DOCUMENT # P02000089941

1. Entity Name
FLORIDA SPINE SPORTS & REHABILITATION, INC.



Principal Place of Business
**810 NORTH ROSE AVE
KISSIMMEE, FL 34741**

Mailing Address
**810 NORTH ROSE AVE
KISSIMMEE, FL 34741**

DO NOT WRITE IN THIS SPACE

66019068



05012006 No Chg-P CR2E034 (11/05)

4. FEI Number
33-1018616

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PLACER, CARLOS J
810 NORTH ROSE AVE
KISSIMMEE, FL 34741**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature)
Signature, typed or printed name of registered agent and title if applicable.

Carlos J Placer *PTD* *04/30/06*
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PTD**
NAME **PLACER, CARLOS J**
STREET ADDRESS **810 ROSE AVENUE**
CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE **VS**
NAME **DIAZ, YASMIN**
STREET ADDRESS **810 ROSE AVENUE**
CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

6/10/06 *407-933-4441*