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CORERO CPA KI

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91902 002 ***150.00

DOCUMENT # **P02000089941**

1. Entity Name

FLORIDA SPINE SPORTS & REHABILITATION, INC.



Principal Place of Business

591 OAK COMMONS BLVD.
SUITE B
KISSIMMEE FL 34741

Mailing Address

591 OAK COMMONS BLVD.
SUITE B
KISSIMMEE FL 34741



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-101 8616

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLACER, CARLOS J
591 OAK COMMONS BLVD.
SUITE B
KISSIMMEE FL 34741

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Box Code

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 typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent's signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
☐ Delete	D	PLACER, CARLOS J	591 OAK COMMONS BLVD. SUITE B KISSIMMEE FL 34741	☐ Change ☐ Add it			
☐ Delete				☐ Change ☐ Add it			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 (7330), 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03 407-846-6040