

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

FILED

05 APR 13 AM 11:29

FOR THE STATE
OF FLORIDA

DOCUMENT # P03000023293

1. Entity Name
ADVANCED SPINE AND WELLNESS CENTER, INC.



Principal Place of Business
7050 WINKLER ROAD
SUITE 114
FORT MYERS, FL 33919

Mailing Address
C/O ROBERT D. ROYSTON, JR.
POST OFFICE DRAWER 60205
FORT MYERS, FL 33906



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

56-2318975

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROYSTON, ROBERT D JR.
12670 NEW BRITTANY BLVD.
SUITE 101
FORT MYERS, FL 33907

Name

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

City

FL

Zip 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 title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

Amended AR is \$61.25

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 11

TITLE DPST ☐ Delete
NAME STOLTZ, ROBERT B
STREET ADDRESS 7050 WINKLER ROAD #114
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE ☐ Change ☒ Addition
NAME Stoltz, Daniel P.
STREET ADDRESS 7050 Winkler Rd #114
CITY-ST-ZIP Fort Myers, FL 33919

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 500052147913
STREET ADDRESS 04/26/05--01067--009
CITY-ST-ZIP **\$61.25

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/05

Date

239-489-1000

Daytime Phone #