

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000040359

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** GULFCOAST SPINE INSTITUTE, PA

**Current Principal Place of Business:**

2300 E. NORVELL BRYANT HWY.  
HERNANDO, FL 34442 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1540  
HERNANDO, FL 34442

**New Mailing Address:**

**FEI Number:** 32-0071549

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RONZO, JAMES J  
3614 N. PINE VALLEY LOOP  
LECANTO, FL 34461 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RONZO, JAMES J  
Address: 3614 N. PINE VALLEY LOOP  
City-St-Zip: LECANTO, FL 34461

Title: VP  
Name: BONO, FRANK S  
Address: 2300 E. NORVELL BRYANT HWY  
City-St-Zip: HERNANDO, FL 34442

Title: T  
Name: RONZO, ELIZABETH  
Address: 2300 E. NORVELL BRYANT HWY  
City-St-Zip: HERNANDO, FL 34442

Title: S  
Name: BONO, SUSAN  
Address: 2300 E. NORVELL BRYANT HWY.  
City-St-Zip: HERNANDO, FL 34442 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES J RONZO

PD

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date