2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000054011

Entity Name: SPINAL CONCEPTS OF FLORIDA, INC.

(X) Delete

WHITAKER, JAY K

MAITLAND, FL 32751

217 FLAME AVE

Title:

Name:

Address: City-St-Zip: FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2240 W. WOOLBRIGHT ROAD SUITE 211 BOYNTON BEACH, FL 33426 **New Mailing Address: Current Mailing Address:** 2240 W. WOOLBRIGHT ROAD SUITE 211 BOYNTON BEACH, FL 33426 FEI Number: 55-0832712 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **BUSINESS FILINGS INCORPORATED** 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 323012960 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition KAIRIS, STEVEN J Name: Name: 493 PRESTWICK CIRCLE Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: Title: Title: () Delete () Change () Addition OROFINO, PAUL Name: Name: 6662 BOCA DEL MAR, APT #414 Address: Address: BOCA RATON, FL 33433 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: STEVEN J. KAIRIS D 04/27/2007

() Change () Addition