

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000060447

FILED
Jan 20, 2009
Secretary of State

Entity Name: SPINE & BRAIN NEUROSURGERY CENTER, INC.

Current Principal Place of Business:

32 WEST GORE ST. 5TH FLOOR
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 560816
ORLANDO, FL 32856

New Mailing Address:

FEI Number: 20-0029282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAZACK, NIZAM
32 WEST GORE STREET
MP 159
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

RAZACK, NIZAM
32 WEST GORE STREET
#511
ORLANDO, FL 32806 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: NIZAM RAZACK, MD

01/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RAZACK, NIZAM
Address: 32 WEST GORE STREET, MP 159
City-St-Zip: ORLANDO, FL 32806 US

Title: VP () Delete
Name: VILLALOBOS, HUNALDO
Address: 32 WEST GORE STREET, MP 159
City-St-Zip: ORLANDO, FL 32806 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: NIZAM RAZACK, MD

DP

01/20/2009

Electronic Signature of Signing Officer or Director

Date