

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000060447

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** SPINE & BRAIN NEUROSURGERY CENTER, INC.

**Current Principal Place of Business:**

32 WEST GORE ST  
#511  
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  
#511  
ORLANDO, FL 32806 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: DP  
Name: RAZACK, NIZAM  
Address: 32 WEST GORE STREET #511  
City-St-Zip: ORLANDO, FL 32806 US

Title: VP  
Name: VILLALOBOS, HUNALDO  
Address: 32 WEST GORE STREET, MP 159  
City-St-Zip: ORLANDO, FL 32806 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: NIZAM RAZACK, MD

DP

01/10/2011

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

\_\_\_\_\_  
Date