

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000076912

FILED  
Sep 14, 2010  
Secretary of State

**Entity Name:** HEALTHSTAR SPINAL CENTERS, INC.

**Current Principal Place of Business:**

2401 SOUTH US HWY 1  
FT PIERCE, FL 34982

**New Principal Place of Business:**

1803 SOUTH 25TH STREET  
SUITE 1  
FT PIERCE, FL 34947

**Current Mailing Address:**

2401 SOUTH US HWY 1  
FT PIERCE, FL 34982

**New Mailing Address:**

1803 SOUTH 25TH STREET  
SUITE 1  
FT PIERCE, FL 34947

**FEI Number:** 20-0069125

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JONES, JAMES K  
1611 ORANGE AVE  
FT PIERCE, FL 34950 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: PSD  
Name: JONES, JAMES K  
Address: 712 BCH CT  
City-St-Zip: FT PIERCE, FL 34950

Title: VTD  
Name: JONES, JIMA L  
Address: 712 BCH CT  
City-St-Zip: FT PIERCE, FL 34950

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: JIMA L JONES

VP

09/14/2010

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

\_\_\_\_\_  
Date