2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# P03000077772

Entity Name: JACKSONVILLE SPINE CENTER, P.A.

Current Principal Place of Business:

13400 SUTTON PARK DRIVE SOUTH
SUITE 1301
JACKSONVILLE, FL 32224

New Principal Place of Business:

10475 CENTURION PARKWAY NORTH
SUITE 201
JACKSONVILLE, FL 32256

Current Mailing Address:

13400 SUTTON PARK DRIVE SOUTH
SUITE 1301
JACKSONVILLE, FL 32224

New Mailing Address:

10475 CENTURION PARKWAY NORTH
SUITE 201
JACKSONVILLE, FL 32256

FEI Number: 20-0091237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOTOLAW, INC.
50 NORTH LAURA STREET SUITE 2500
JACKSONVILLE, FL 32202 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CAREY, JOHN E MD
Address: 13400 SUTTON PARK SUITE 1301
City-St-Zip: JACKSONVILLE, FL 32224

Title: D ( ) Delete
Name: ROBERTS, CHRISTOPHER MD
Address: 13400 SUTTON PARK SUITE 1301
City-St-Zip: JACKSONVILLE, FL 32224

Title: D ( ) Delete
Name: VINCENTY, CLAUDIO MD
Address: 13400 SUTTON PARK SUITE 1301
City-St-Zip: JACKSONVILLE, FL 32224

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CAREY, JOHN E MD
Address: 10475 CENTURION PARKWAY NORTH, SUITE 201
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change ( ) Addition
Name: ROBERTS, CHRISTOPHER MD
Address: 10475 CENTURION PARKWAY NORTH, SUITE 21
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change ( ) Addition
Name: VINCENTY, CLAUDIO MD
Address: 10475 CENTURION PARKWAY NORTH, SUITE 201
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Change (X) Addition
Name: BURNS, PATRICK MD
Address: 10475 CENTURION PARKWAY NORTH, SUITE 201
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER ROBERTS , MD D 04/11/2007

Electronic Signature of Signing Officer or Director Date