

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000077772

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: JACKSONVILLE SPINE CENTER, P.A.

## Current Principal Place of Business:

10475 CENTURION PARKWAY NORTH  
SUITE 201  
JACKSONVILLE, FL 32256

## New Principal Place of Business:

## Current Mailing Address:

10475 CENTURION PARKWAY NORTH  
SUITE 201  
JACKSONVILLE, FL 32256

## New Mailing Address:

FEI Number: 20-0091237

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVE.  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

MARK PATRICK  
4029 ATLANTIC BLVD.  
JACKSONVILLE, FL 32207 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: MARK PATRICK

01/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ROBERTS, CHRISTOPHER MD  
Address: 10475 CENTURION PARKWAY NORTH, SUITE 201  
City-St-Zip: JACKSONVILLE, FL 32256

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

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

Title: D ( ) Delete  
Name: BURNS, PATRICK J DO  
Address: 10475 CENTURION PARKWAY NORTH, SUITE 201  
City-St-Zip: JACKSONVILLE, FL 32256

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: CHRISTOPHER ROBERTS

D

01/14/2009

Electronic Signature of Signing Officer or Director

Date