2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2011
Secretary of State

DOCUMENT# P03000077772

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:

MARK PATRICK
4029 ATLANTIC BLVD.
JACSONVILLE, FL 32207 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: D
Name: ROBERTS, CHRISTOPHER MD
Address: 10475 CENTURION PARKWAY NORTH, SUITE 201
City-St-Zip: JACKSONVILLE, FL 32256

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

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

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

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: CHRISTOPHER ROBERTS D 01/12/2011

Electronic Signature of Signing Officer or Director Date