

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000105157

FILED
Apr 20, 2007
Secretary of State

Entity Name: ORTHOPAEDIC SPINE & FRACTURE CLINIC, INC.

Current Principal Place of Business:

3898 VIA POINCIANA, #18
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

3898 VIA POINCIANA, #18
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 20-0255343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNSTEIN, MARK
5001 S UNIVERSITY DR #K
DAVIE, FL 33328 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: DR () Delete
Name: PINO, WILBERT
Address: 12760 WESTHAMPTON CIRCLE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MANUEL A. FONT

MR

04/20/2007

Electronic Signature of Signing Officer or Director

Date