

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

04-21-2004 90087 029 ***150.00

DOCUMENT # P03000144097					
1. Entity Name PRECISION SPINE, INC.					
Principal Place of Business 9216 PALM RIVER ROAD STE 205 TAMPA, FL 33619			Mailing Address 9216 PALM RIVER ROAD STE 205 TAMPA, FL 33619		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILLS, FREDERICK J ESQ C/O MORRISON & MILLS, P.A. 1200 W PLATT STREET STE 100 TAMPA, FL 33606			Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP	NAME ETHERIDGE, GEORGE W JR		TITLE _____	NAME _____	
STREET ADDRESS 2847 COBBLESTONE DRIVE	CITY-ST-ZIP PALM HARBOR, FL 34684		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE DST	NAME ETHERIDGE, LISA O		TITLE _____	NAME _____	
STREET ADDRESS 2847 COBBLESTONE DRIVE	CITY-ST-ZIP PALM HARBOR, FL 34684		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE V	NAME ROBINSON, FRANK H		TITLE _____	NAME _____	
STREET ADDRESS 2847 COBBLESTONE DRIVE	CITY-ST-ZIP PALM HARBOR, FL 34684		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE V	NAME HAWKINS, JOHN L		TITLE _____	NAME _____	
STREET ADDRESS 2847 COBBLESTONE DRIVE	CITY-ST-ZIP PALM HARBOR, FL 34684		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE V	NAME MIRABELLA, CHARLES M		TITLE _____	NAME _____	
STREET ADDRESS 2847 COBBLESTONE DRIVE	CITY-ST-ZIP PALM HARBOR, FL 34684		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE _____	NAME _____		TITLE _____	NAME _____	
STREET ADDRESS _____	CITY-ST-ZIP _____		STREET ADDRESS _____	CITY-ST-ZIP _____	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			Date: 4/28/04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

66420591



02162004 Chg-P CR2E034 (10/03)

APPLIED FOR

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP	NAME ETHERIDGE, GEORGE W JR
STREET ADDRESS 2847 COBBLESTONE DRIVE	CITY-ST-ZIP PALM HARBOR, FL 34684
TITLE DST	NAME ETHERIDGE, LISA O
STREET ADDRESS 2847 COBBLESTONE DRIVE	CITY-ST-ZIP PALM HARBOR, FL 34684
TITLE V	NAME ROBINSON, FRANK H
STREET ADDRESS 2847 COBBLESTONE DRIVE	CITY-ST-ZIP PALM HARBOR, FL 34684
TITLE V	NAME HAWKINS, JOHN L
STREET ADDRESS 2847 COBBLESTONE DRIVE	CITY-ST-ZIP PALM HARBOR, FL 34684
TITLE V	NAME MIRABELLA, CHARLES M
STREET ADDRESS 2847 COBBLESTONE DRIVE	CITY-ST-ZIP PALM HARBOR, FL 34684
TITLE _____	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/28/04
 Daytime Phone # 813-246-5737 (x300)