

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000056650

Entity Name: ALPHASPINE INC.

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5922 CATTLEMEN LN  
SUITE 201  
SARASOTA, FL 34232 US

**New Principal Place of Business:**

**Current Mailing Address:**

5922 CATTLEMEN LN  
SUITE 201  
SARASOTA, FL 34232 US

**New Mailing Address:**

FEI Number: 05-0601976

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMAS M SWEENEY II, M.D.  
5922 CATTLEMEN LANE  
SUITE 201  
SARASOTA, FL 34232 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: PRES  
Name: SWEENEY M.D. PH.D., THOMAS M  
Address: 5922 CATTLEMEN LN, SUITE 201  
City-St-Zip: SARASOTA, FL 34232 US

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: THOMAS SWEENEY

PRES

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date