

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000072815

FILED
Apr 12, 2007
Secretary of State

Entity Name: FIRST COAST SPINAL CARE, INC.

Current Principal Place of Business:

9501 ARLINGTON EXPRESSWAY
SUITE 318
JACKSONVILLE, FL 32225

New Principal Place of Business:

9745 TOUCHTON ROAD
UNIT 2403
JACKSONVILLE, FL 32246

Current Mailing Address:

9501 ARLINGTON EXPRESSWAY
SUITE 318
JACKSONVILLE, FL 32225

New Mailing Address:

9745 TOUCHTON ROAD
UNIT 2403
JACKSONVILLE, FL 32246

FEI Number: 20-1082626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUSEMAN, WILLIAM R ESQ.
6320 ST. AUGUSTINE ROAD
BUILDING 12
JACKSONVILLE, FL 32217 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: DP () Delete
Name: DEMCHAK, MICHAEL J D.C.
Address: 9501 ARLINGTON EXPRESSWAY #318
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DEMCHAK, MICHAEL J D.C.
Address: 9745 TOUCHTON ROAD, UNIT 2403
City-St-Zip: JACKSONVILLE, FL 32246

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: MICHAEL DEMCHAK

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04/12/2007

Electronic Signature of Signing Officer or Director

Date