# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 04, 2006**
**Secretary of State**

DOCUMENT# P04000124716

**Entity Name:** STIRLING SPINAL HEALTH AND WELLNESS, PA

**Current Principal Place of Business:**

11270 PINES BLVD.
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

9710 STIRLING ROAD
112
COOPER CITY, FL 33024

**Current Mailing Address:**

11270 PINES BLVD.
PEMBROKE PINES, FL 33026

**New Mailing Address:**

9710 STIRLING ROAD
112
COOPER CITY, FL 33024

**FEI Number: 54-2160911** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

OUELLETTE, ADAM J ESQ.
ONE FINANCIAL PLAZA
100 S.E. 3RD AVE. #2108
FT. LAUDERDALE, FL 33394 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: OD ( ) Delete
Name: CARISSIMI, THERESA DR.
Address: 11270 PINES BLVD.
City-St-Zip: PEMBROKE PINES, FL 33026

Title: OD ( ) Delete
Name: OUELLETTE, AMY DR.
Address: 11270 PINES BLVD.
City-St-Zip: PEMBROKE PINES, FL 33026

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: OD (X) Change ( ) Addition
Name: CARISSIMI, THERESA DR.
Address: 9710 STIRLING ROAD #112
City-St-Zip: COOPER CITY, FL 33024

Title: OD (X) Change ( ) Addition
Name: OUELLETTE, AMY DR.
Address: 9710 STIRLING ROAD #112
City-St-Zip: COOPER CITY, FL 33024

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: THERESA CARISSIMI OD 04/04/2006

Electronic Signature of Signing Officer or Director — Date