

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000083533

Entity Name: SPINEMEDICA CORP.

FILED  
Mar 29, 2007  
Secretary of State

## Current Principal Place of Business:

1234 AIRPORT RD., STE. 105  
DESTIN, FL 32541

## New Principal Place of Business:

## Current Mailing Address:

1234 AIRPORT RD., STE. 105  
DESTIN, FL 32541

## New Mailing Address:

FEI Number: 20-3008107

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GORLIN, STEVE  
1234 AIRPORT RD., STE. 105  
DESTIN, FL 32541 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: STEVE GORLIN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHR ( ) Change (X) Addition  
Name: GORLIN, STEVE  
Address: 1234 AIRPORT ROAD, SUITE 105  
City-St-Zip: DESTIN, FL 32541

Title: CEO/ ( ) Change (X) Addition  
Name: BENNETT, LEWIS  
Address: 112 KROG STREET, SUITE 4  
City-St-Zip: ATLANTA, GA 30307

Title: SEC ( ) Change (X) Addition  
Name: BROWN, PH.D, REBECCA  
Address: 112 KROG STREET, SUITE 4  
City-St-Zip: ATLANTA, GA 30307

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: STEVE GORLIN

Electronic Signature of Signing Officer or Director

CHR

03/29/2007

Date