



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90033 001 \*\*\*300.00

<b>DOCUMENT # P05000120918</b> 1. Entity Name <b>SPINE MED EAST HILLSBOROUGH INC.</b> <i>O.B.A. Precision Physical Therapy + Pain Management</i>					
Principal Place of Business <del>1959 WEST LUMSDEN ROAD</del> <del>BRANDON, FL 33511</del>		Mailing Address <b>1903 WEST LUMSDEN ROAD</b> <b>BRANDON, FL 33511</b>			
2. Principal Place of Business - No P.O. Box # <b>615 Vonderburg Rd</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<b>66001657</b> 	
City & State <b>Brandon FL</b>		City & State City State		4. FEI Number <b>20-3404415</b>	
Zip <b>33511</b>		Country <b>FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ROCKE, MCLEANTS BAR</b> <b>JAIME PROCKAL ESQ</b> <b>2309 S MAC DILL AVE</b> <b>TAMPA, FL 33629</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DONOFRIO, KEVIN 1903 WEST LUMSDEN ROAD BRANDON, FL 33511		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Pres Katrina Donofrio 2503 Culbreath Cove Ct. Valrico, FL 33596	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Pres Monica Donofrio 1903 W. Lumsden Rd Brandon, FL 33511	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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			2-11-08 Date Daytime Phone #		