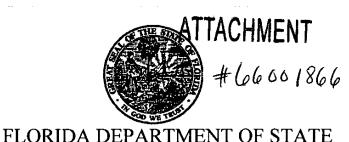
## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 20, 2006 8:00 am Secretary of State **DOCUMENT # P05000121320** 01-19-2006 90080 009 \*\*\*150.00 ADVÁNCED SPINE & INJURY CENTER, P.A. Principal Place of Business Mailing Address **6528 GUNN HIGHWAY** 6528 GUNN HIGHWAY 66001866 **TAMPA. FL 33625 TAMPA, FL 33625** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Numbe Applied For n4-3825098 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUNNIP, DANIEL R Street Address (P.O. Box Number is Not Acceptable) 6528 GUNN HIGHWAY TAMPA, FL 33625 City 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 · After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MRE Delete TITLE ☐ Change GUNNIP, DANIEL R NAME KAME STREET ADDRESS 6528 GUNN HIGHWAY STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33625** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -TITLE --Delete Change - - Addition -NAME STREET ADDRESS STREET ADORESS CITY - S1 - ZIP CITY-ST-ZIP TITLE Deleta TITLE ☐ Change ☐ Addition MALCE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P TOTAL Deleta ITTLE ☐ Change ☐ Addition MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this fiting 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 ampowered 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:

G OFFICER OR DIRECTOR

**FILED** 



Division of Corporations

January 25, 2006

ADVANCED SPINE & INJURY CENTER, P.A. 6528 GUNN HIGHWAY TAMPA, FL 33625

Subject: ADVANCED SPINE & INJURY CENTER, P.A.

Reference Number:

P05000121320

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ ANNUAL REPORTS SECTION