

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000136685

**Entity Name:** SPINE SPORTS THERAPY, INC.

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2117 49 ST N  
ST. PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

2117 49 ST N  
ST. PETERSBURG, FL 33710

**New Mailing Address:**

**FEI Number:** 20-3578195

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCOTT T LODEN CPA, PA  
4601 CENTRAL AVENUE  
ST PETERSBURG, FL 33713 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** JOHNSON, TIMOTHY E  
**Address:** 400 FOURTH AVE S #604  
**City-St-Zip:** ST PETERSBURG, FL 33701

I hereby 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 all other like empowered.

**SIGNATURE:** SAMMIE MCCOY

ADMI

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date