

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State

04-27-2006 90197 015 ***150.00

DOCUMENT # P05000158552 1. Entity Name NON-SURGICAL SPINAL CARE OF WICHITA, INC.					
Principal Place of Business 4021 N. ANDREWS AVENUE, SUITE #6 FT. LAUDERDALE, FL 33309			Mailing Address 4021 N. ANDREWS AVENUE, SUITE #6 FT. LAUDERDALE, FL 33309		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CODY, RON 4021 N. ANDREWS AVENUE, SUITE #6 FT. LAUDERDALE, FL 33309				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u><i>Ron Cody</i></u> <u><i>RON CODY</i></u> <u>4-25-06</u> <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CODY, RON 4021 N. ANDREWS AVENUE, SUITE #6 FT. LAUDERDALE, FL 33309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Ron Cody</i></u> <u><i>RON CODY</i></u> <u>4-25-06</u> <u>954-392-3908</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <small>Date Daytime Phone #</small>		

66017336



04252006 Chg-P CR2E034 (11/05)

4. FFI Number **20-3927401** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**