2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2007 8:00 am
Secretary of State
03-28-2007 90016 003 ***150.00

DOCUMENT # P06000004594

1. Entity Name
SPINAL HEALTH AND REHAB, P.A.

Principal Place of Business	Mailing Address
324 WABASH TERRACE PORT CHARLOTTE FL 33954	324 WABASH TERRACE PORT CHARLOTTE FL 33954

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2905 TAmiAmi Trail	2905 TAmiami Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Punta Gorda FL	City & State: Punta Gorda
Zip: 33950 Country: USA	Zip: 33950 Country: USA

4. FEI Number: 204098744 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCCRORY, JILL C
99 NESBIT ST.
PUNTA GORDA FL FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST	☐ Delete
NAME	VAN NOSTRAND, KEVIN BS, DC	
STREET ADDRESS	324 WABASH TERRACE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #