

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000004594

FILED
Jan 18, 2008
Secretary of State

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

Current Principal Place of Business:

2905 TAMIAMI TRAIL
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

2905 TAMIAMI TRAIL
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 20-4098744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: VAN NOSTRAND, KEVIN BS, DC
Address: 324 WABASH TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33954

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KEVIN VAN NOSTRAND

DPST

01/18/2008

Electronic Signature of Signing Officer or Director

Date