

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

01-07-2008 90037 042 \*\*\*150.00

<b>DOCUMENT # P06000051502</b> 1. Entity Name <b>NATIONAL SPINE CENTERS, INC.</b>					
Principal Place of Business <b>1111 BRICKELL AVE - STE 2150</b> <b>MIAMI, FL 33131</b>			Mailing Address <b>1111 BRICKELL AVE - STE 2150</b> <b>MIAMI, FL 33131</b>		
2. Principal Place of Business - No P.O. Box # <b>312 Minorca Avenue</b> Suite, Apt. #, etc. <b>2nd Floor</b> City & State <b>Coral Gables, FL</b> Zip <b>33134</b> Country <b>U.S.A.</b>		3. Mailing Address <b>312 Minorca Avenue</b> Suite, Apt. #, etc. <b>2nd Floor</b> City & State <b>Coral Gables, FL</b> Zip <b>33134</b> Country <b>U.S.A.</b>			
4. FEI Number <b>30-0379833</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WALLACE, MILTON J</b> <b>1111 BRICKELL AVE - STE 2150</b> <b>MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME WALLACE, MILTON J STREET ADDRESS 1111 BRICKELL AVE - STE 2150 CITY-ST-ZIP MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE P NAME Dr. Luis Crespo STREET ADDRESS 312 Minorca Avenue, 2nd Floor CITY-ST-ZIP Coral Gables, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE S NAME Milton J. Wallace STREET ADDRESS 1111 Brickell Avenue, Suite 2150 CITY-ST-ZIP Miami, FL 33131	<input checked="" 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	
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	
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	
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:			1/4/2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		