

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000051502

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: NATIONAL SPINE CENTERS, INC.

## Current Principal Place of Business:

312 MINOREA AVE  
2ND FL  
MIAMI, FL 33134

## New Principal Place of Business:

550 BILTMORE WAY  
SUITE 105  
CORAL GABLES, FL 33134

## Current Mailing Address:

312 MINOREA AVE  
2ND FL  
MIAMI, FL 33134

## New Mailing Address:

550 BILTMORE WAY  
SUITE 105  
CORAL GABLES, FL 33134

FEI Number: 30-0379833

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALLACE, MILTON J  
1111 BRICKELL AVE - STE 2150  
MIAMI, FL 33131 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: S ( ) Delete  
Name: WALLACE, MILTON J  
Address: 1111 BRICKELL AVE - STE 2150  
City-St-Zip: MIAMI, FL 33131

Title: P ( ) Delete  
Name: CRESPO, LUIS DR  
Address: 312 MINOREA AVE 2ND FL  
City-St-Zip: MIAMI, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S-D (X) Change ( ) Addition  
Name: WALLACE, MILTON J  
Address: 1111 BRICKELL AVE - STE 2150  
City-St-Zip: MIAMI, FL 33131

Title: P-D (X) Change ( ) Addition  
Name: CRESPO, LUIS DR  
Address: 550 BILTMORE WAY, STE 105  
City-St-Zip: CORAL GABLES, FL 33134

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: MILTON J WALLACE

SECY

01/13/2009

Electronic Signature of Signing Officer or Director

Date