

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000090465

FILED
Aug 16, 2007
Secretary of State**Entity Name:** AMERICAN SPINDOCTORS, INC.**Current Principal Place of Business:**4766 SW 72 AVE.
DAVIE, FL 33314**New Principal Place of Business:****Current Mailing Address:**4766 SW 72 AVE.
DAVIE, FL 33314**New Mailing Address:****FEI Number:** 20-5180911**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**OLSON, RICK
4766 SW 72 AVE.
DAVIE, FL 33314 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**OFFICERS AND DIRECTORS:****Title:** D () Delete
Name: WOOD, KATHY S.
Address: 6620 SW 43 ST.
City-St-Zip: MIAMI, FL 33155**Title:** PRES (X) Delete
Name: OLSON, RICK C
Address: 4766 SW 72 AVE.
City-St-Zip: DAVIE, FL 33314 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES (X) Change () Addition
Name: OLSON, RICK C
Address: 4766 SW 72 AVE
City-St-Zip: DAVIE, FL 33314 US**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: RICK C OLSON

PRES

08/16/2007

Electronic Signature of Signing Officer or Director_____
Date