

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000050048

FILED
Apr 03, 2008
Secretary of State

Entity Name: FRIENDS AND FAMILY SPINAL CARE, INC.

Current Principal Place of Business:

15889 25TH AVE SW
BURIEN, WA 98166 US

New Principal Place of Business:

4674 CORAL RIDGE DRIVE
CORAL SPRINGS, WA 33076 US

Current Mailing Address:

15889 25TH AVE SW
BURIEN, WA 98166 US

New Mailing Address:

4674 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33076 US

FEI Number: 20-8931109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, JERRY
2374 SAILFISH COVE DR
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

BROWN, JUSTIN D DR.
4674 CORAL RIDGE DR
CORAL SPRINGS, FL 33076 US

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: JUSTIN BROWN

04/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, JUSTIN
Address: 15889 25TH AVE SW
City-St-Zip: BURIEN, WA 98166 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BROWN, JUSTIN DR
Address: 4674 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076 US

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: JUSTIN BROWN

PRES

04/03/2008

Electronic Signature of Signing Officer or Director

Date