

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000050048

FILED  
Jan 07, 2011  
Secretary of State

**Entity Name:** FRIENDS AND FAMILY SPINAL CARE, INC.

**Current Principal Place of Business:**

4674 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33076 US

**New Principal Place of Business:**

**Current Mailing Address:**

4674 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33076 US

**New Mailing Address:**

**FEI Number:** 20-8931109

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, JUSTIN D DR.  
4674 CORAL RIDGE DR  
CORAL SPRINGS, FL 33076 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: PRES  
Name: BROWN, JUSTIN DR  
Address: 4674 CORAL RIDGE DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076 US

I hereby 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 all other like empowered.

SIGNATURE: JUSTIN BROWN

PRES

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date