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Mar 10, 2008 8:00 am
Secretary of State
01-22-2008 90063 020 ***150.00

1/22

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000052046

1. Entity Name
ATLANTIC SPINE & PAIN MANAGEMENT, P.A.

Principal Place of Business	Mailing Address
1425 HAND AVE. UNIT L ORMOND BEACH, FL 32174	1425 HAND AVE. UNIT L ORMOND BEACH, FL 32174

66003142

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01082008 Chg-P CR2E034 (12/06)

4. FEI Number: 42-1730817 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FREE, KEVIN R MD 15800 CALOOSA CREEK CIRCLE FORT MYERS, FL 33908 MOVED	Name: FREE, KEVIN R MD Street Address (P.O. Box Number is Not Acceptable): 1205 DRAYCOTT STREET City: ORMOND BEACH FL Zip Code: 32174

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: [signature] KEVIN R FREE, MD PRESIDENT 1/11/2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KEVIN R. FREE, MD 1205 DRAYCOTT STREET ORMOND BEACH, FL 32174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] KEVIN R FREE, MD PRESIDENT 1/11/2008 386-615-2345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #