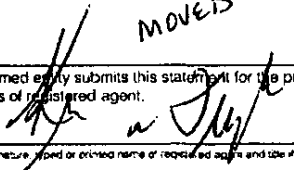
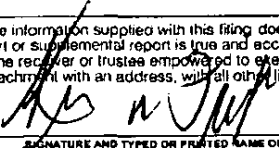


FILED
Mar 10, 2008 8:00 am
Secretary of State

1/21

01-22-2008 90063 020 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P07000052046			
1. Entity Name ATLANTIC SPINE & PAIN MANAGEMENT, P.A.			
Principal Place of Business 1425 HAND AVE. UNIT L ORMOND BEACH, FL 32174		Mailing Address 1425 HAND AVE. UNIT L ORMOND BEACH, FL 32174	
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
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 FREE, KEVIN R MD 15800 CALOOSA CREEK CIRCLE FORT MYERS, FL 33908		7. Name and Address of New Registered Agent 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 typed or printed name of registered agent and title if applicable		KEVIN R FREE, MD, PRESIDENT 1/11/2008 (NOTE: Registered Agent signature required when terminating) 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: PRESIDENT NAME: KEVIN R. FREE, MD STREET ADDRESS: 1205 DRAYCOTT STREET CITY- ST- ZIP: ORMOND BEACH, FL 32174 ☐ Delete		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY- ST- ZIP: ☐ Change ☐ Addition	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		KEVIN R FREE, MD 1/11/2008 386-615-2345 PRESIDENT Date Daytime Phone #	