

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000112760

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** PREMIER SPINE & PAIN CENTER, PA

**Current Principal Place of Business:**

554 KINGSLEY AVENUE  
SUITE 5  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

1543 KINGSLEY AVENUE  
BLDG. 3  
ORANGE PARK, FL 32073

**Current Mailing Address:**

1937 HICKORY TRACE DRIVE  
ORANGE PARK, FL 32003

**New Mailing Address:**

**FEI Number:** 26-1239876      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ANDRAWIS, ASHRAF  
1937 HICKORY TRACE DRIVE  
ORANGE PARK, FL 32003    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:** P,VP  
**Name:** ANDRAWIS, ASHRAF  
**Address:** 1937 HICKORY TRACE DRIVE  
**City-St-Zip:** ORANGE PARK, FL 32003

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: ASHRAF ANDRAWIS, M.D.

P

01/06/2012

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

\_\_\_\_\_ Date