

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000075521

FILED  
Jul 07, 2009  
Secretary of State

Entity Name: THE SPINE AND DISC CENTER, P.A.

## Current Principal Place of Business:

2285 MARSH HAWK LANE  
#20-103  
ORANGE PARK, FL 32003

## Current Mailing Address:

2285 MARSH HAWK LANE  
#20-103  
ORANGE PARK, FL 32003

## New Principal Place of Business:

784 BLANDING BLVD.  
STE. 106  
ORANGE PARK, FL 32065

## New Mailing Address:

784 BLANDING BLVD.  
STE. 106  
ORANGE PARK, FL 32065

FEI Number: 26-3161335

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BEARDSLEY, BRANDON D  
1510 N PONCE DELEON BLVD  
STE B  
ST AUGUSTINE, FL 32084 US

## Name and Address of New Registered Agent:

BEARDSLEY, BRANDON  
3940 LEWIS SPEEDWAY  
SUITE 2103  
ST. AUGUSTINE, FL 32084 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: BRANDON D. BEARDSLEY

07/07/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MCDANIELS, MICHAEL NATHAN DR. DC  
Address: 2285 MARSH HAWK LANE, #20-103  
City-St-Zip: ORANGE PARK, FL 32003

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MCDANIELS, MICHAEL NATHAN DR. DC  
Address: 784 BLANDING BLVD. STE. 106  
City-St-Zip: ORANGE PARK, FL 32065

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: DR. MICHAEL N. MCDANIELS, D.C.

PD

07/07/2009

Electronic Signature of Signing Officer or Director

Date