2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

DOCUMENT# P09000064518

Entity Name: 1ST SPINE CARE, P.A.

Current Principal Place of Business:

6485 N. FEDERAL HWY.
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

6485 N. FEDERAL HWY.
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 27-0658280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POCES, DAVID
6485 N. FEDERAL HWY.
BOCA RATON, FL 33487 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: DR
Name: POCES, DAVID
Address: 6485 N. FEDERAL HWY.
City-St-Zip: BOCA RATON, FL 33487

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: DAVID POCES DR 04/18/2011

Electronic Signature of Signing Officer or Director — Date