

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000108955

FILED
Apr 30, 2012
Secretary of State

Entity Name: SPINE CARE AND RECOVERY CENTER INC.

Current Principal Place of Business:

723 WEST OAKRIDGE ROAD
ORLANDO, FL 32809

New Principal Place of Business:

3239 OLD WINTER GARDEN ROAD
SUITE 10
ORLANDO, FL 32805

Current Mailing Address:

723 WEST OAKRIDGE ROAD
ORLANDO, FL 32809

New Mailing Address:

3239 OLD WINTER GARDEN ROAD
SUITE 10
ORLANDO, FL 32805

FEI Number: 45-4116968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENZIES, PAUL W
716 ASHGROVE TERRACE
SANFORD, FL 32771 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
Name: MENZIES, PAUL W
Address: 716 ASHGROVE TERRACE
City-St-Zip: SANFORD, FL 32771 US

Title: VP
Name: MENZIES, VIVEYUANNA
Address: 716 ASHGROVE TERRACE
City-St-Zip: SANFORD, FL 32771 US

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: PAUL MENZIES D.C.

P

04/30/2012

Electronic Signature of Signing Officer or Director

Date