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Apr 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000023593 (5)

1. Corporation Name  
SPINAL CONSULTANTS, INC.

Principal Place of Business  
770 CLAUGHTON ISLAND DRIVE  
SUITE 414  
MIAMI FL 33131  
US

Mailing Address  
770 CLAUGHTON ISLAND DRIVE  
SUITE 414  
MIAMI FL 33131-2625  
US



3. Date Incorporated or Qualified 03/29/1993  
3a. Date of Last Report 03/11/1996

|   |  |  |   |
|---|--|--|---|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 4. FEI Number<br>65-0400474<br>Applied For<br>Not Applicable   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |
|   |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

SIMONSON, PETER M  
SUITE 414  
770 CLAUGHTON ISLAND DR  
MIAMI FL 33131

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | D<br>SIMONSON, PETER M<br>770 CLAUGHTON ISLAND DRIVE #414<br>MIAMI FL | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 1.2 NAME  |   |
| STREET ADDRESS             |   | 1.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |   | 1.4 CITY- ST- ZIP                                     |   |
| TITLE                      | <input type="checkbox"/> DELETE                                       | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 2.2 NAME  |   |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |   | 2.4 CITY- ST- ZIP                                     |   |
| TITLE                      | <input type="checkbox"/> DELETE                                       | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 3.2 NAME  |   |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |   | 3.4 CITY- ST- ZIP                                     |   |
| TITLE                      | <input type="checkbox"/> DELETE                                       | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 4.2 NAME  |   |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |   | 4.4 CITY- ST- ZIP                                     |   |
| TITLE                      | <input type="checkbox"/> DELETE                                       | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 5.2 NAME  |   |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |   | 5.4 CITY- ST- ZIP                                     |   |
| TITLE                      | <input type="checkbox"/> DELETE                                       | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 6.2 NAME  |   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |   | 6.4 CITY- ST- ZIP                                     |   |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-97

Date

Daytime Phone #

0171151

CR2E034 (9/96)