

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90017 030 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000031591

1. Corporation Name
SPINAL DYNAMICS, INC.

Principal Place of Business
**2250 LEE ROAD
SUITE 203
WINTER PARK FL 32789
US**

Mailing Address
**2250 LEE ROAD
SUITE 203
WINTER PARK FL 32789
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1993

4. FEI Number

59-3180626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1230 EAST LAKE COLONY DRIVE

2a. Mailing Address

26 1230 EAST LAKE COLONY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MAITLAND, FL

City & State

28 MAITLAND, FL

Zip

24 32751

Country

25 USA

Zip

29 32751

Country

30 USA

9. Name and Address of Current Registered Agent

**MAYNARD, JOHN I
8299 WOODGROVE RD
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

81 Name

MAYNARD, JOHN I

82 Street Address (P.O. Box Number is Not Acceptable)

1230 EAST LAKE COLONY DRIVE

83

84 City

MAITLAND

FL

85 Zip Code

32751

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **MAYNARD, JOHN I**
STREET ADDRESS **2250 LEE ROAD, SUITE 203**
CITY-STATE-ZIP **WINTER PARK FL 32789**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
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CITY-STATE-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **MAYNARD, JOHN I.**
1.3 STREET ADDRESS **1230 EAST LAKE COLONY DRIVE**
1.4 CITY-STATE-ZIP **MAITLAND, FL 32751**

2.1 TITLE **SECRETARY** ☐ Change ☒ Addition
2.2 NAME **MAYNARD, ELISE S.**
2.3 STREET ADDRESS **1230 EAST LAKE COLONY DRIVE**
2.4 CITY-STATE-ZIP **MAITLAND, FL 32751**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I 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, with a I other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/99 (407) 628-0872

CR2E034 (11/98)