

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000085900

FILED
Apr 19, 2006
Secretary of State

Entity Name: THE SPINE & PAIN MEDICINE CENTER, P.A.

Current Principal Place of Business:

8811 SR 52
SUITE 21
HUDSON, FL 34667 US

New Principal Place of Business:

Current Mailing Address:

8811 SR 52
SUITE 21
HUDSON, FL 34667 US

New Mailing Address:

FEI Number: 59-3280882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENDER, DANIEL H M.D.
8811 S.R. 52
SUITE 21
HUDSON, FL 34667 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BENDER, DANIEL
Address: 1721 GULF RD
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALICE LISTMAN

OA

04/19/2006

Electronic Signature of Signing Officer or Director

_____ Date