

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90029 045 ***150.00

DOCUMENT # P95000047343

1. Corporation Name
SUNCOAST SPINAL, MEDICAL AND REHAB CENTERS, INC.

Principal Place of Business
5432 U.S. 19
NEW PORT RICHEY FL 34652

Mailing Address
2560 ENTERPRISE, EAST
SUITE A
CLEARWATER FL 33759
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1995

2. Principal Place of Business

21 10041 US Hwy 19 N

2a. Mailing Address

26 24945 US Hwy 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 NA

27 NA

City & State

23 PORT RICHEY, FL

City & State

28 CLEARWATER, FL

Zip

24 34668

Country

Zip

29 33763

Country

30

9. Name and Address of Current Registered Agent

WOLSTEIN, BRIAN G D.C.
2560 ENTERPRISE RD, EAST
SUITE A
CLEARWATER FL 33759

10. Name and Address of New Registered Agent

81 Name

BRIAN G. WOLSTEIN - DC

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

24945 US Hwy 19 N

83

84 City

CLEARWATER

FL

85 Zip Code

33763

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
NAME WOLSTEIN, BRIAN G D.C.
STREET ADDRESS 2560 ENTERPRISE RD, EAST
CITY-ST-ZIP CLEARWATER FL 33759

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
BRIAN G. WOLSTEIN, DC
24945 US Hwy 19 N
CLEARWATER, FL 33763

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)