

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 30, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90192 036 \*\*\*138.75  
06-30-2008 90021 021 \*\*\*\*11.25

**DOCUMENT # P95000047343**

1. Entity Name  
**SUNCOAST SPINAL CENTERS I, INC.**



Principal Place of Business  
**24945 US HWY 19 N  
CLEARWATER, FL 33763**

Mailing Address  
**24945 US HWY 19 N.  
CLEARWATER, FL 33763 US**

**40109280**



04302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3368551</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KAREN J. WOLSTEIN  
24945 US HWY 19 N.  
CLEARWATER, FL 33763**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when remitting) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and state if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WOLSTEIN, BRIAN G D.C.
STREET ADDRESS	24945 US HWY 19 N
CITY- ST- ZIP	CLEARWATER, FL 33763
TITLE	VP
NAME	WOLSTEIN, KAREN
STREET ADDRESS	24945 US HWY 19 N
CITY- ST- ZIP	CLEARWATER, FL 33763
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brian G Wolstein D.C.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #