2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2003 8:00 am
Secretary of State

04-28-2003 90285 022 ***150.00

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DOCUMENT # P95000047343

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

Principal Place of Business	Mailing Address
24945 US HWY 19 N CLEARWATER FL 33763	24945 US HWY 19 N. CLEARWATER FL 33763 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3368551 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOLSTEIN, BRIAN G D.C. 24945 US HWY 19 N CLEARWATER FL 33763	Name RICKARD & ASSOCS., P.A. Street Address (P.O. Box Number is Not Acceptable) DENISE A. RICKARD 1000 N. ASHLEY DR. SUITE 101 City TAMPA FL Zip Code 33602

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 Denise A Rickard 5/16/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLSTEIN, BRIAN G D.C. 24945 US HWY 19 N CLEARWATER FL 33763	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ~~WOISTEIN, KAREN~~ 24945 US HWY 19 N CLEARWATER FL 33763	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WOLSTEIN, KAREN	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 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: SIGNATURE ON FILE 4/24/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #