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FILED

May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000051109 (3)

1. Corporation Name

SUNCOAST SPINAL CENTER OF TAMPA BAY, P.A.

Principal Place of Business

Mailing Address

7000 N. DALE MABRY HIGHWAY
TAMPA FL 33614

5432 US HWY 19 NORTH
NEW PORT RICHEY FL 34652-3948

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1995

4. FEI Number

Applied For

59-3324062

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 001 N. Dale Mabry

26 2560 Enterprise Rd. East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 601A

27 Suite A

City & State

City & State

23 Clearwater, FL

28 Clearwater, FL

Zip

Zip

Country

Country

24 33759

25 USA

29 33759

30 Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLSTEIN, BRIAN G D.C.
5432 US 19
NEW PORT RICHEY FL 34652

81 Name

Brian G. Wolstein, D.C.

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

2560 Enterprise Rd., East

83

Suite A

84 City

Clearwater

FL

85 Zip Code

33759

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME WOLSTEIN, BRIAN G DC
STREET ADDRESS 5432 US HWY 19 NORTH
CITY-ST-ZIP NEW PORT RICHEY FL 34652

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Brian G. Wolstein, D.C.
1.3 STREET ADDRESS 2560 Enterprise Rd., East
1.4 CITY-ST-ZIP Clearwater, FL 33759

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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.

SIGNATURE:

CR2E034 (10/97)