


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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90001 030 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000051109

1. Corporation Name
SUNCOAST SPINAL CENTER OF TAMPA BAY, P.A.

Principal Place of Business 8001 N DALE MABRY STE 601 A TAMPA FL 33618 US	Mailing Address 2560 ENTERPRISE RD E STE A CLEARWATER FL 33759 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 24945 US Hwy 19N
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 NA
City & State 23	City & State 28 CLEARWATER FL
Zip 24	Zip 29 33763
Country 25	Country 30 US

3. Date Incorporated or Qualified 06/30/1995	Applied For <input type="checkbox"/> No <input type="checkbox"/> Applicable
4. FEI Number 59-3324062	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent WOLSTEIN, BRIAN G DC 2560 ENTERPRISE RD E STE A CLEARWATER FL 33759	10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81 Name</td> <td>Brian G Wolstein DC</td> </tr> <tr> <td>82 Street Address (P.O. Box: Number is Not Acceptable)</td> <td>24945 US Hwy 19N</td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td>CLEARWATER FL</td> </tr> <tr> <td>85 Zip Code</td> <td>33763</td> </tr> </table>	81 Name	Brian G Wolstein DC	82 Street Address (P.O. Box: Number is Not Acceptable)	24945 US Hwy 19N	83		84 City	CLEARWATER FL	85 Zip Code	33763
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82 Street Address (P.O. Box: Number is Not Acceptable)	24945 US Hwy 19N										
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSTEIN, BRIAN G DC	1.2 NAME	Brian G. Wolstein DC
STREET ADDRESS	2560 ENTERPRISE RD E	1.3 STREET ADDRESS	24945 US Hwy 19N
CITY-ST-ZIP	CLEARWATER FL 33759	1.4 CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Brian G Wolstein 3/29/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)