

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 22, 1999 8:00 am  
Secretary of State

04-22-1999 90250 021 \*\*\*150.00

DOCUMENT # P95000051112

1. Corporation Name

SUNCOAST SPINAL CENTER OF NEW PORT RICHEY, P.A.

Principal Place of Business

5432 U.S. HIGHWAY 19  
NEW PORT RICHEY FL 34652

Mailing Address

2560 ENTERPRISE RD  
STE A  
CLEARWATER FL 33759  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1995

4. FEI Number  
59-3324063

Applied For  
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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 10041 US Hwy 19 N  
Suite, Apt. #, etc.

22 NA

23 Port Richey, FL  
City & State

24 34669 Zip Country 25 US

2a. Mailing Address

26 24945 US Hwy 19 N  
Suite, Apt. #, etc.

27 NA

28 Clearwater, FL  
City & State

29 33763 Zip Country 30 US

9. Name and Address of Current Registered Agent

WOLSTEIN, BRIAN G D C  
2560 ENTERPRISE RD E  
STE 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

83 Clearwater, FL

84 City 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 ☐ DELETE

TITLE D  
NAME WOLSTEIN, BRIAN G DC  
STREET ADDRESS 2560 ENTERPRISE RD E  
CITY-ST-ZIP CLEARWATER FL 33759

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE D  
1.2 NAME BRIAN G. Wolstein DC  
1.3 STREET ADDRESS 24945 US Hwy 19  
1.4 CITY-ST-ZIP Clearwater, FL 33763

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Overtime Phone #

CR2E034 (11/98)