


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90293 046 ***150.00

DOCUMENT # P96000004907					
1. Entity Name SPINE SPORTS AND REHABILITATION SPECIALISTS, P.A.					
Principal Place of Business CENTER GATE OFFICE PARK 5588 BEE RIDGE RD, BLDG B SARASOTA, FL 34233			Mailing Address CENTER GATE OFFICE PARK 5588 BEE RIDGE RD, BLDG B SARASOTA, FL 34233		
2. Principal Place of Business 4000 SAWYER RD.		3. Mailing Address 4000 SAWYER RD.			
Suite, Apt. #, etc. ②		Suite, Apt. #, etc.			
City & State SARASOTA, FL		City & State SARASOTA, FL		4. FEI Number 65-0640323	
Zip 34233		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIEGEL, BRAM CENTER GATE OFFICE PARK 5588 BEE RIDGE RD, BLDG B SARASOTA, FL 34233			7. Name and Address of New Registered Agent Name: <u>BRAM RIEGEL</u> Street Address (P.O. Box Number is Not Acceptable): <u>4000 SAWYER ROAD</u> City: <u>SARASOTA</u> FL Zip Code: <u>34233</u>		
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: <u>[Signature]</u> DATE: <u>4-27-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 RIEGEL, BRAM 5588 BEE RIDGE RD, BLDG B SARASOTA, FL 34233 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIEGEL, BRAM 4000 SAWYER ROAD SARASOTA, FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4-27-06</u> Daytime Phone #: <u>941-924-1040</u>		