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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000013304**1. Corporation Name

BACK IN MOTION SPINAL CLINIC, INC.

Principal Place	e of Business	M	lailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
2704 N UNVERS	SITY DR	27	704 N UNVERSITY DR									
SUNRISE FL 33322			SUNRISE FL 33322				DO NOT WRITE IN THIS SPACE					
US		US	8			2	3. Date Incorporated or Qualifed					
							02/08/1996	o or equalific	,u		•	
2. Principal Pl	lace of Business	2a	. Mailing Address			4.	FEI Number				A	oplied For
21		. 26					65-0642203				No.	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				Certifcate of State	ue Decired		•		Additional
22		27				J.	Certificate of State	us Desired			Fee R	equired
City & State	e		City & State			6.	Election Campaig	gn Financin	g 🗆		\$5.00	May Be
23		28					Trust Fund Contr	ibution			Added	to Fees
Zip	Coun	try	Zip	Cour	itry	8.	This corporation	owes the co	urrent yea	ar Intang		_
24	25	29		30			Personal Propert				Yes	□No
	9. Name and Add	ess of Current Regi	stered Agent				Name and Addr	ess of Nev	v Registe	ered Age	ent	
					81 Name	•						
KALO	odish, bryan I n university dr			ŀ	82 Street	t Address (P	.O. Box Number i	s Not Acce	ptable)			
	RISE FL 33322			-	83			<del> </del>		<del></del>	* "	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

01-25-1999 90009 031 \*\*\*150.00

CR2E034 (11/98)