

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000015576

FILED
Apr 22, 2007
Secretary of State

Entity Name: NEUROSURGICAL SPINE CENTER, INC.

Current Principal Place of Business:

11906 OAKTRAIL WAY
PORT RICHEY, FL 34668 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5849
HUDSON, FL 34668 US

New Mailing Address:

P.O. BOX 5849
HUDSON, FL 34674 US

FEI Number: 59-3384451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GIANNAKOPOULOS, GEORGE
11906 OAK TRAIL WAY
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: GIANNAKOPOULOS, GEORGE
Address: 11906 OAK TRAIL WAY
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE GIANNAKOPOULOS

PRES

04/22/2007

Electronic Signature of Signing Officer or Director

Date