

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000015576

FILED
Apr 21, 2011
Secretary of State

Entity Name: NEUROSURGICAL SPINE CENTER, INC.

Current Principal Place of Business:

11425 US HIGHWAY 19
PORT RICHEY, FL 34668 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5849
HUDSON, FL 34674 US

New Mailing Address:

FEI Number: 59-3384451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIANNAKOPOULOS, GEORGE
11425 US HIGHWAY 19
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

OFFICERS AND DIRECTORS:

Title: PST
Name: GIANNAKOPOULOS, GEORGE
Address: 11425 US HIGHWAY 19
City-St-Zip: PORT RICHEY, FL 34668

I hereby 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 all other like empowered.

SIGNATURE: GEORGE GIANNAKOPOULOS

PST

04/21/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date