

**2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Apr 22, 2012  
Secretary of State**

DOCUMENT# P96000015576

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 US

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

Title: O  
Name: GIANNAKOPOULOS, EMILIA  
Address: 2115 ALEXIS COURT  
City-St-Zip: TARPON SPRINGS, FL 34689 US

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 GIANNAKOPOUOLOS

PST

04/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date