FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15 1997 8:00am
Secretary of State

DOCUMENT # P96000015582 (5)

1. Corporation Name

CENTER FOR SPINE SURGERY OF THE PALM BEACHES, P. A.

Principal Place of Business

458 STATE ROAD 7
SUITE 304
ROYAL PALM BEACH FL 33411

Mailing Address

458 STATE ROAD 7
SUITE 304
ROYAL PALM BEACH FL 33411-3512

3. Date Incorporated or Qualified **02/20/1996**	3a. Date of Last Report

2. Principal Place of Business
21 *10131 W. Forrest Hill Blvd*
22 Suite, Apt. #, etc *Suite 202*
23 City & State *West Palm Beach, FL*
24 Zip *33414*
25 Country *Palm Beach*

2a. Mailing Address
26 *10131 W. Forrest Hill Blvd*
27 Suite, Apt. #, etc. *Suite 202*
28 City & State *West Palm Beach, FL*
29 Zip *33414*
30 Country *Palm Beach*

4. FEI Number *65-0644136* — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CHERRY, RICHARD G
1665 PALM BEACH LAKES BLVD.
SUITE 600
W PALM BEACH FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL**
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)
DATE *3-14-97*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D** ☐ DELETE		1.1 TITLE *P*	☐ Change ☒ Addition
NAME CHERRY, RICHARD G		1.2 NAME *Harvey Montijo*	
STREET ADDRESS 1665 PALM BEACH LAKES BLVD. SUITE 600		1.3 STREET ADDRESS *10131 W. Forrest Hill Blvd Ste 202*	
CITY-ST-ZIP W PALM BEACH FL 33401		1.4 CITY-ST-ZIP *West Palm Beach FL 33414*	
TITLE ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date *4-8-97*
Daytime Phone #