

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

#125
FILED
Feb 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000046030 (8)

1. Corporation Name
BRAIN AND SPINE CENTER, P.A.

Principal Place of Business
**2011 N HARRISON AVENUE
PANAMA CITY FL 32405**

Mailing Address
**2011 N HARRISON AVENUE
PANAMA CITY FL 32405-4545**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/23/1996	3a. Date of Last Report
21	26	4. FEI Number 69-3379580	Applied For		Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WEIDNER, DONALD W 10161 CENTURION PARKWOAR, NORTH SUITE 190 JACKSONVILLE FL 32256				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	D	WALKER, MICHAEL L M.D.	2011 N HARRISON AVENUE PANAMA CITY FL 32405				
	D	SHUMATE, JACK B M.D.	2011 N HARRISON AVENUE PANAMA CITY FL 32405				
	D	DERBES, THOMAS J M.D.	2011 N HARRISON AVENUE PANAMA CITY FL 32405				
	D	TABBAA, MUTAZ A M.D.	2011 N HARRISON AVENUE PANAMA CITY FL 32405				
	D	STINGER, DOUGLAS L M.D.	2011 N HARRISON AVENUE PANAMA CITY FL 32405				
	D	STINGER, MERLE P M.D.	2011 N HARRISON AVENUE PANAMA CITY FL 32405				

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 unchanged or on an attachment with an address.

SIGNATURE:  **Thomas J. Derbes, M.D.** 1-16-97 904-769-3261

CR2E034 (9/96)