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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

🔦 Şandî â B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000077455 (9)

SPINAL RESEARCH INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

FILED Jun 05 1997 8:00am Secretary of State



950 NW 9 COURT BOCA RATON FL 33486		950 NW 9 COURT BOCA RATON FL 33486-2214					
		·			 Date Incorporated or Qualified 09/16/1996 	3a. Date of Last R	eport
	Place of Business	2a. Mailing Address		4. FEI Number	 - - 	plied For	
21		26			APPLIED FOR		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State 23		City & Stato 28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	25 29 30			Country 8. This corporation has liability for intangible tax under s. 199 Florida Statutes Yes No 10. Name and Address of New Registered Agent		. 199.032,	
	9. Name and Address of Cur	rent Registered Agent		4 N	10. Name and Address of New Re	gistered Agent	
	NE, JEFFREY P		. 8	1 Name			
701 " WE	I <mark>north</mark> point Parkway Ste St <mark>Palm Be</mark> ach Fl 33407	≣ 330			dress (P.O. Box Number is Not Acceptab	le)	
•			8	3			
			8	'			Code
office or	to the provisions of Sections 607.0 registered agent, or both, in the St am familiar with, and accept the ob	ale of Llorida. Such chance was	: authorized	by the cornors	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing in the appointment as	ls registered registered
SIGNATURE	Signature, lypod or printed name of registered	Langel and title it posticated. All	TE Donieland f	cont rionalum recu	wired when reinstating)	DATE	
12,		AND DIRECTORS	13.	Ben signature red	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	PID	DELETE	1,1 TITLE	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	ABRAM, LEON J	_	1.2 NAM	E			
STREET ADDRESS	950 NW 9 COURT		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33486		1.4 CITY				
TITLE	VSD					☐ Change	Addition
NAME	ABRAM, DEANNE		2.2 NAM	F			
STREET ADDRESS	950 NW 9 COURT			ET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33486			'-\$1-7IP			
TITLE	☐ DELETE		3 1 TITLI			Change	Addition
NAME	1		3 2 NAM	E			
STREET ADDRESS			3.3 STR	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY	'- S1 - ZIP			
TITLE		DELETE	4.1 T(TL)			☐ Change	Addition .
NAME			4. 2 NAN	AE	•		
STREET ADDRESS			4.3 STRE	E1 ADDRESS			
CITY-ST-ZIP			4.4 CITY	- ST - ZIP			,
TITLE		DELETE	5.1 7(1)			Change	Addition
NAME			5.2 NAV	E	80000220		
STREET ADDRESS		•	5.3 STR	ET ADDRESS	-06/12/970100	02001	
CITY-ST-ZIP			5.4 CITY	- S1 - 7IP	***330.00		
TITLE		DELETE	6.1 TITL			☐ Change	Addition
NAME			6.2 NAM	E			CS .
STREET ADDRESS			6.3 STR	ET ADDRESS			65
CITY+ST-ZIP			6.4 DITY	- ST- ZIP			U

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 angular report is true and accurate and that my signature shall have the same legal effect as if made under each, 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 express address.

4/20/01

(5(1).312-9717