

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

FILED

May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 897000001444

1. Corporation Name:

Florida Spine Institute, P.A.

Principal Place of Business:

Mailing Address:

780 U.S. Hwy One, Suite 201
Vero Beach, FL 32962

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:		2a. Mailing Address:		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	12/31/96	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	05-0716933	
24	Country	29	Country	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 owes or has paid the current year Intangible Personal Property Tax due June 30.	
				☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

Ted H. Perkins

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

780 U.S. Hwy One, Suite 201

83

84 City Vero Beach

FL

85 Zip Code 32962

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent as 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

Ted H. Perkins

Signature (Type or Print Name of Person Signing and Title if Applicable)

(NOTE: Registered Agent Signature is required when changing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Ted H. Perkins	1.1 TITLE	780 U.S. Hwy 1, Suite 201
NAME	President	1.2 NAME	Vero Beach, FL 32962
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 have been or am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes to the corporation were made.

SIGNATURE:

Ted H. Perkins

4.27.98

Date

Day(s) of the Week

CR2E034 (10/97)