

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

FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000079750 (0)**

1. Corporation Name

**SPINE & SPORTS INSTITUTE INTERNATIONAL, INC.**



Principal Place of Business <b>10936 KING BAY DRIVE BOCA RATON FL 33498</b>	Mailing Address <b>10936 KING BAY DRIVE BOCA RATON FL 33498</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 9960 CENTRAL PARK BLVD. S.</b> <b>22 102</b> City & State <b>23 BOCA RATON, FL.</b> Zip <b>24 334208</b> Country <b>25 USA</b>		2a. Mailing Address <b>26 10936 KING BAY DRIVE</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 BOCA RATON, FL.</b> Zip <b>29 33498</b> Country <b>30 USA.</b>		3. Date Incorporated or Qualified <b>09/15/1997</b>	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable		6. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>		10. Name and Address of New Registered Agent <b>81 Name CANDIDA G. WILLIAMSON, M.D. 82 Street Address (P.O. Box Number is Not Acceptable) 10936 KING BAY DRIVE 83 84 City BOCA RATON 85 Zip Code FL 33498</b>			

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 **Candida G. Williamson M.D.** **CANDIDA G. WILLIAMSON M.D.** **4-22-98**  
Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSTS</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMSON, CHARLES E MD</b>	1.2 NAME	
STREET ADDRESS	<b>10936 KING BAY DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33498</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMSON, CANDIDA G MD</b>	2.2 NAME	
STREET ADDRESS	<b>10936 KING BAY DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33498</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 **Candida G. Williamson M.D.** **4-22-98** **FL 33498**

CR2E034 (10/97)