

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

FILED
Apr 29 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 # P97000079750 (0)
 1. Corporation Name
SPINE & SPORTS INSTITUTE INTERNATIONAL, INC.



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

2. Principal Place of Business 21 9960 CENTRAL PARK BLVD. S. Suite, Apt. #, etc. 22 102 City & State 23 BOCA RATON, FL. Zip 24 334208 Country 25 USA		2a. Mailing Address 26 10936 KING BAY DRIVE Suite, Apt. #, etc. 27 City & State 28 BOCA RATON, FL. Zip 29 33498 Country 30 USA.		3. Date Incorporated or Qualified 09/15/1997	4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		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
AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
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 FL 85 Zip Code 33498

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, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PSTS	<input type="checkbox"/>
NAME	WILLIAMSON, CHARLES E MD	
STREET ADDRESS	10936 KING BAY DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	VD	<input type="checkbox"/>
NAME	WILLIAMSON, CANDIDA G MD	
STREET ADDRESS	10936 KING BAY DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
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.* **CANDIDA G. WILLIAMSON M.D.** **4-22-98** **FL 33420**

CFR2E034 (10/97)