

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000098827 (3)

1. Corporation Name  
SPINELINK, INC.



Principal Place of Business

Mailing Address

7001 WOOD DUCK DRIVE  
BOCA RATON FL 33428 33434

7001 WOOD DUCK DRIVE  
BOCA RATON FL 33428 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1997

2. Principal Place of Business

2a. Mailing Address

21 7601 WOOD DUCK DR.

26 7601 WOOD DUCK DR.

4. FEI Number

65-0799626

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 City & State

28 City & State

BOCA RATON FL

BOCA RATON FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 Zip

Country

29 Zip

Country

33434

33434

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

10. Name and Address of New Registered Agent

KRAMER, ROBERT M  
4300 HOLLYWOOD BLVD SUITE 485 SOUTH  
HOLLYWOOD FL 33021

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME DAVIS, JORDAN K MD  
STREET ADDRESS 7001 WOOD DUCK DRIVE  
CITY-ST-ZIP BOCA RATON FL 33428 33434

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 7601 WOOD DUCK DRIVE  
1.4 CITY-ST-ZIP BOCA RATON, FL. 33434

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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, 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 both, at all times with an address.

SIGNATURE

300002589083  
-07/15/98--01002--023  
\*\*\*150.00

CR2E034 (5/98)



MEDICAL MANAGEMENT OF SPINAL DISORDERS

1905 Clint Moore Road, Suite 309  
Boca Raton, Florida 33496  
Tel 561-988-8577 • Fax 561-912-9710

July 8, 1998

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

**RE: 1998 CORPORATE ANNUAL REPORT- SPINELINK, INC. #P97000098827**

Gentlemen:

Please accept payment of \$150.00 for my Spinelink 1998 Corporate Annual Report. As noted on the document the corporation began November 20, 1997. All paperwork was done by my attorney, also the registered agent, Robert M. Kramer. The address was incorrect and I never received the first notice of payment of this fee. The number and zip code were both incorrect. Immediately upon receipt of this 2nd notice, we noticed the error and are making payment. I was unaware that we needed to file this report as this is the first year of being established.

Thank you for your consideration of this matter.

Cordially yours,

Jordan K. Davis, M.D.

JKD/kgH