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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000107888

1. Corporation Name

TAMPA BAY SPINE INSTITUTE, INC.

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90177 047 ***150.00



| Principal Place | e of Business | Mai | ling Address | | | | | 1 10011481 110 18411 1981 0841 | 44 { 50 | 1911 1966) IÖI | UL (BIB) IVIL (BBI |
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| TAMPA FL 33803 TAMPA FL 33603 | | | | | 0040 | | ļ | | | | |
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| İ | | | | | | | | 3. Date Incorporated or Qualif | ed | | |
| • | | | | | | | | 01/01/1998 | | | |
| 2. Principal Pl | lace of Business | 2a. | Mailing Address | | | | | 4. FEI Number | | | opplied For |
| 21 | | 26 | | | | | | <u>59-3484509</u> | L | | lot Applicable |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | İ | 5. Certifcate of Status Desired | | + | Additional |
| 22 | | 27 | | | | | | | | | Required |
| City & State | ê | · . [: | City & State | | | | · | Election Campaign Financing | ^{ig} □ | | May Be |
| 23 | | 28 | | | | | | Trust Fund Contribution | | | to Fees |
| Zip | Country | | Zip | Cou | untry | | | This corporation owes the c | urrent year Inta | | |
| 24 | 25 | 29 | | 30 | | | | Personal Property Tax. | | ☐Yes | No |
| | 9. Name and Address of Curren | t Regist | ered Agent | | 6.1 | | | 10. Name and Address of Ne | w Registered | Agent | |
| | ON AMOUED | | | | 81 | Name | | | | | |
| | RILAWYER | | | | 82 | Street | Addres | s (P.O. Box Number is Not Acce | ptable) | | |
| i e | ALMERIA AVENUE | | | | | | | | <u> </u> | | |
| COR | RAL GABLES FL 33134 | | | | 83 | | | | | | } |
| | | | | | 84 | City | | | | 85 Zip | Code |
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| office or n | to the provisions of Sections 607.050; egistered agent, or both, in the State in familiar with, and accept the obligat | of Florida | a. Such change wa | s authorize | d by | the corp | corporation' | ation submits this statement for t s board of directors. I hereby ac | he purpose of cept the appoir | changing i ntment as i | ts registered registered |
| _ | · | | | | | | | | | | J |
| SIGNATURE | Signature, typed or printed name of registered agen | nt and title if | | | | | required w | hen reinstating) | DATE | | |
| _ | Signature, typed or printed name of registered agen OFFICERS AN | | applicable. (N | | d Agen | | required w | then reinstating) ADDITIONS/CHANGES TO | | | |
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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 antibody with all other like empowered.

SIGNATURE: