

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000014307

FILED
Feb 14, 2007
Secretary of State

Entity Name: SPINAL HEALTH PERFORMANCE, INC.

Current Principal Place of Business:

FOUR HARVARD CIRCLE
SUITE 700
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

FOUR HARVARD CIRCLE
SUITE 700
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 65-0811308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'BRIEN, R. KEVIN DC
FOUR HARVARD CIRCLE
SUITE 700
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: O'BRIEN, R. KEVIN
Address: 11102 OAK WAY CIR
City-St-Zip: WEST PALM BEACH, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: O'BRIEN, R. KEVIN
Address: 11102 OAK WAY CIR
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. KEVIN O'BRIEN

PRES

02/14/2007

Electronic Signature of Signing Officer or Director

Date