

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000014307

Entity Name: SPINAL HEALTH PERFORMANCE, INC.

FILED  
Mar 27, 2009  
Secretary of State

**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: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

DR

03/27/2009

Electronic Signature of Signing Officer or Director

Date