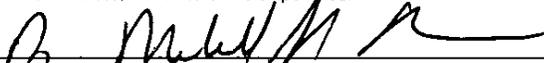


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90174 012 ***158.75

DOCUMENT # P98000026849			
1. Entity Name ATWOOD NEUROSPINAL CLINIC, P.A.			
Principal Place of Business 116 MAIN STREET IMMOKALEE, FL 34142		Mailing Address PO BOX 1221 IMMOKALEE, FL 34142	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 7846	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FT. MYERS, FL.	
Zip	Country	Zip 33911	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ATWOOD, MICHAEL S 1619 SE 6TH TERRACE CAPE CORAL, FL 33904		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATWOOD, MICHAEL S	NAME	
STREET ADDRESS	8450 BEACON BLVD	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 33999	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 4/12/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	