## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

2a. Mailing Address

City & State

Suite, Apt. #,.etc.\_

26

27

28

29

Zip

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

Suite, Apt. #, etc.

City & State

22



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000030538

SIESTA SPINE & SPORT NATURAL HEALING CENTER, INC

 Principal Place of Business
 Mailing Address

 915 OAKFIELD DRIVE
 915 OAKFIELD DRIVE

 STE F
 STE F

 BRANDON FL 33511
 BRANDON FL 33511

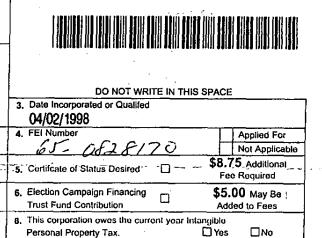
Country

9. Name and Address of Current Registered Agent

25

FILED May 11, 2001 8:00 am Secretary of State

05-11-2001 90118 046 \*\*\*150.00



Name and Address of New Registered Agent

LANSKY, GLEN R
915 OAKFIELD DRIVE
STE F
BRANDON FL 33511

81 Name GLEN R LANSKY ESQ
82 Street Address (P.O. Box Number is Not Acceptable) ST.
83

84 City Brandon R FL 85 Zip Code 33311

Country

30

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				·		
		egistered Agent signature	<del></del>	DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGI			
TITLE	D DELETE	1.1 TITLE	GAIG SIEGEC	PRES		☐ Addition
NAME	SIEGEL, CRAIG	1.2 NAME	1	· - 0.		
STREET ADDRESS		1.3 STREET ADDRESS		T PARS 1		
CITY-ST-ZIP	SARASOTA FL 34242	1.4 CITY-ST-ZIP	Sougarn	h 342	142	
TITLE	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	·	2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS			-	į
CITY-ST-ZIP		2.4 CITY+ST-ZIP		<u></u>		
TITLE	☐ DELETE:	3.1 TITLE			Change	☐ Addition
NAME	•	3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
ππLE	☐ DELETE	4.1 TITLE			Change	Addition
NAME		4.2 NAME	,		•	'
STREET ADDRESS		4.3 STREET ADDRESS		• •		
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME		5.2 NAME	•	•		
STREET ADDRESS		5.3 STREET ADDRESS		•		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	5.4 CITY-ST-ZIP	·			<u>.</u>
TITLE	DELETE	6.1 TITLE			Change	☐ Addition
NAME		6.2 NAME	•	. •		
STREET ADDRESS		6 STREET ADDRESS	•			
CITY-ST-ZIP		. ACITY-ST-ZIP				ſ

14. I hereby certify that the information supplied with this filing does not qualify for this exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for this exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplied with that filing does not qualify for 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 supplied with that the information indicated on this annual report or supplied with that the information indicated on this annual report or supplied with that the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on the information indicated on this annual report or supplied with the information indicated on the

SIGNATURE: 🔬

SIGNATURE , AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CD2E034 (41/09)