

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000097773

FILED
Apr 29, 2007
Secretary of State

Entity Name: SPINE & REHAB MEDICINE, P.A.

Current Principal Place of Business:

6133 DELTONA BLVD
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1989
LUTZ, FL 335481989

New Mailing Address:

FEI Number: 59-3544205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KULKARNI, SUHAS
10537 CORY LAKE DRIVE
TAMPA, FL 33647 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: PRES () Delete
Name: KULKARNI, SUHAS
Address: 10537 CORY LAKE DRIVE
City-St-Zip: TAMPA, FL 33647

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: SUHAS KULKARNI

PRES

04/29/2007

Electronic Signature of Signing Officer or Director

Date