

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000097773

FILED  
Apr 24, 2009  
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:**

1234 MARINER BLVD  
SPRING HILL, FL 34609

**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  
27532 BREAKERS DRIVE  
WESLEY CHAPEL, FL 33544 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: 27532 BREAKERS DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33544

**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

04/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date