2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2010
Secretary of State

DOCUMENT# P98000097773

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

Current Principal Place of Business:

1234 MARINER BLVD
SPRING HILL, FL 34609

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
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
Name: KULKARNI, SUHAS
Address: 27532 BREAKERS DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

I hereby 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 all other like empowered.

SIGNATURE: SUHAS KULKARNI PRES 03/24/2010

Electronic Signature of Signing Officer or Director Date