2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2011
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:

KULKARNI, SUHAS
20052 NOB OAK AVENUE
TAMPA, FL 33647 US

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: 03/17/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: KULKARNI, SUHAS
Address: 20052 NOB OAK AVENUE
City-St-Zip: TAMPA, FL 33647

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 03/17/2011
Electronic Signature of Signing Officer or Director Date