FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

oath; that I am an officer or direct appears in Block 12 or Block 13

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

(941) 262-1721

1996

S93421 **DOCUMENT #**

(3)

1. Corporation Name SPINE & NEUROLOGIC SURGERY CENTER CHARTERED

	of Business	Mailing Address					
680 GOODLETTE RD N			680 GOODLETTE RD N				
NAPLES FL 33	940	NAPLES FL 33940					
					3. Date Incorporated or Qualified 12/01/1991	3a. Date of Last 04/12/19	Report 995
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	 	Applied For
1		26			65-0292653		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.7	5 Additional
2	·	27			3. 65 Fred 6. 5 States 500. 50	LJ Fe	e Required
City & State		City & State			6. Election Campaign Financing	1 1 7	00 May Be
3 Zio	Country	28 Zin	Count		Trust Fund Contribution		led to Fees
Ζφ 4	Country	Zip	Count	lry	8. This corporation has liability for Florida Statutes	r intangible tax under s No	s 199.032,
+	[25] 9. Name and Address of Curren	29 nt Registered Agent	30		10. Name and Address of New		·
· · · ·	9, Hallio una riveriore si conce	It hogistered Age	8	1 Name	IV. Hamb and received services	Hedistaton warm	
KNOTTS.	JUDITH A.					·-··	
	DLETTE ROAD NORTH		8	Street Address (P.O. Box Number is Not Acceptable)			
NAPLES F			le le	3			
	2 000 10		ا ا	3			
			8	4 City		85	Zip Code
- Devoupelite	the equiplose of Continue BOZ 0500	2 207 4E00 Florida Ctat d	- tha show			FL_ **	
or registere	id agent, or both, in the State of Florid	da. Such change was authoriz	zed by the cor	s-named corpo rporation's boa	pration submits this statement for the pu and of directors. I hereby accept the app	urpose of changing its pointment as registeri	s registered ome ed agent. I am
familiar with	n, and accept the obligations of, Secti	ion 607.0505, Florida Statutes	š.	.		Jon	JO 455
SIGNATURE							
	lignature, typed or printed name of registered agent	and the description of the state of the stat	ME. Devistment 6.			DATE	
				gerit signature require	ed when reinstating		
12.	OFFICERS AND	D DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ed when feinstating: ADDITIONS/CHANGES TO OF	FICERS AND DIRECT	
12.	OFFICERS AND		13. 1.1 TOL	E			
12. TIFLE NAME	OFFICERS AND SPIL, SAMUEL L MD	D DIRECTORS	13. 1. 1 T/TL 1 2 NAM	E E		FICERS AND DIRECT	
12. TITLE NAME STREET ADDRESS	DP OFFICERS AND SPIL, SAMUEL L MD 680 GOODLETTE RD N	D DIRECTORS	13. 1.1 TITL 12 NAM 1.3 STRE	E E ET ADDRESS		FICERS AND DIRECT	
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