

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # V27740				
1. Entity Name SPINAL SERVICES, INC.				
Principal Place of Business 1777 S ANDREWS AVENUE FORT LAUDERDALE, FL 33306 US		Mailing Address P.O. BOX 21456 FT. LAUDERDALE, FL 33335		
DO NOT WRITE IN THIS SPACE				
		 01102006 No Chg-P CR2E034 (11/05)		
		4. FEI Number 65-0331460	Applied For ☐ Not Applicable ☐	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PIOTROWSKI, MARY R. 1777 S ANDREWS FORT LAUDERDALE, FL 33316		DO NOT WRITE IN THIS SPACE		
8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000440855 03/03/06-80016-019 150.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PIOTROWSKI, MARY R. POST OFFICE BOX 21456 N/A FORT LAUDERDALE, FL 33335			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.				
SIGNATURE: <i>Mary R. Piotrowski</i> MARY R PIOTROWSKI		Date: <i>2-13-06</i> 2-13-06 <i>952/764/6600</i> Office Phone: <i>952/764/6600</i>		