

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # V27740 1. Entity Name SPINAL SERVICES, INC.	
---	---

Principal Place of Business 2960 SW 2ND AVE FORT LAUDERDALE, FL 33315 US	Mailing Address P.O. BOX 21456 FT. LAUDERDALE, FL 33335
--	---



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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. 2960 SW 2ND AVE FORT LAUDERDALE, FL 33315	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 <i>Mary R. Piotrowski</i> PRES Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)	DATE <i>01-21-08</i> MRB

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

U000000795597
01/28/08-80055-003-150.00

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, and all other like empowered.	
SIGNATURE: <i>Mary R. Piotrowski</i> PRES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <i>01-21-08</i> DAYTIME PHONE <i>954-764-6000</i>