

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000064518

**Entity Name:** 1ST SPINE CARE, P.A.

**Current Principal Place of Business:**

800 W. OAKLAND PARK BLVD.  
SUITE 217  
WILTON MANORS, FL 33311

**Current Mailing Address:**

PO BOX 1088  
BOCA RATON, FL 33429 US

**FEI Number:** 27-0658280

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

POCES, DAVID  
800 W. OAKLAND PARK BLVD.  
SUITE 217  
WILTON MANORS, FL 33311 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:** DAVID POCES

03/27/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DR  
Name POCES, DAVID  
Address 800 W. OAKLAND PARK BLVD.  
SUITE 217  
City-State-Zip: WILTON MANORS FL 33311

*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:** DAVID POCES

**PRES.**

03/27/2018

Electronic Signature of Signing Officer/Director Detail

Date