

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000004074

**FILED**  
**Apr 30, 2015**  
**Secretary of State**  
**CC6030640597**

**Entity Name:** SPINEOLOGY INC.

**Current Principal Place of Business:**

7800 THIRD STREET N  
SUITE 600  
ST. PAUL, MN 55128

**Current Mailing Address:**

7800 THIRD STREET N  
SUITE 600  
ST. PAUL, MN 55128 US

**FEI Number:** 41-2020890

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PSD  
Name BOOTH, JOHN J  
Address 7 RED PINE ROAD  
City-State-Zip: NORTH OAKS MN 55127

Title D  
Name RYBICKI, JAMES T  
Address 2855 EAST NEWMAN'S LANE  
City-State-Zip: SALT LAKE CITY UT 84121

Title D  
Name BRATTAIN, DONALD R  
Address 15600 WAYZATA BLVD., #101  
City-State-Zip: WAYZATA MN 55391

Title D  
Name SPENCER, ED JR  
Address 901 MARQUETTE AVENUE, SUITE 2820  
City-State-Zip: MINNEAPOLIS MN 55402

Title VP OF FINANCE & ADMIN  
Name WALSH, DAN  
Address 7800 THIRD STREET N  
SUITE 600  
City-State-Zip: ST. PAUL MN 55128

*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:** DAN WALSH

**VP OF FINANCE & ADMIN 04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date