

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000002002

**Entity Name:** SPINEVISION, INC.**Current Principal Place of Business:**185 ALEWIFE BROOK PARKWAY, STE. 402  
CAMBRIDGE, MA 02138**Current Mailing Address:**185 ALEWIFE BROOK PARKWAY  
SUITE 410  
CAMBRIDGE, MA 02138**FEI Number:** 58-2634104**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.  
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	D
Name	MAZOYER, HENRI
Address	10 RUE DE LA RENAISSANCE - BATIMENT E
City-State-Zip:	92160 ANTONY - FRANCE AL

Title	S/T
Name	MAZOYER, HENRI
Address	10 RUE DE LA RENAISSANCE - BATIMENT E
City-State-Zip:	92160 ANTONY - FRANCE AL

Title	D/P
Name	BRISARD, ARNAUD
Address	10 RUE DE LA RENAISSANCE - BATIMENT E
City-State-Zip:	92160 ANTONY - FRANCE AL

*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:** ARNAUD BRISARD**PRESIDENT****03/27/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date