

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000001174

Entity Name: SPINEOLOGY INC.

**Current Principal Place of Business:**

7800 3RD STREET N  
SUITE 600  
SAINT PAUL, MN 55128-5455

**Current Mailing Address:**

7800 3RD STREET N  
SUITE 600  
SAINT PAUL, MN 55128-5455 US

FEI Number: 41-2020890

Certificate of Status Desired: No

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

CT 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 DIRECTOR  
Name BRATTAIN, DONALD R.  
Address 7800 3RD STREET N  
SUITE 600  
City-State-Zip: SAINT PAUL MN 55128-5455

Title DIRECTOR  
Name NIGGON, DICK  
Address 7800 3RD STREET N  
SUITE 600  
City-State-Zip: SAINT PAUL MN 55128-5455

Title DIRECTOR  
Name RYBICKI, JAMES  
Address 7800 3RD STREET N  
SUITE 600  
City-State-Zip: SAINT PAUL MN 55128-5455

Title DIRECTOR  
Name SPENCER, ED JR.  
Address 7800 3RD STREET N  
SUITE 600  
City-State-Zip: SAINT PAUL MN 55128-5455

Title DIRECTOR  
Name MCNABB, CARTER  
Address 7800 3RD STREET N  
SUITE 600  
City-State-Zip: SAINT PAUL MN 55128-5455

Title DIRECTOR  
Name SORAN, PHIL  
Address 7800 3RD STREET N  
SUITE 600  
City-State-Zip: SAINT PAUL MN 55128-5455

Title DIRECTOR  
Name PAULSON, BOB  
Address 7800 3RD STREET N  
SUITE 600  
City-State-Zip: SAINT PAUL MN 55128-5455

Title DIRECTOR  
Name SNIDER, BRIAN  
Address 7800 3RD STREET N  
SUITE 600  
City-State-Zip: SAINT PAUL MN 55128-5455

**Continues on page 2**

*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: JAMISON YOUNG

TREASURER/VP

04/11/2024

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT/CEO AND SECRETARY  
Name            SNIDER, BRIAN  
Address        7800 3RD STREET N  
                 SUITE 600  
City-State-Zip: SAINT PAUL MN 55128-5455

Title            TREASURER/VP  
Name            YOUNG, JAMISON  
Address        7800 3RD STREET N  
                 SUITE 600  
City-State-Zip: SAINT PAUL MN 55128-5455