

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE

Suzanne B. Meyerson

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:22

DOCUMENT # **P94000044988 (1)**

1. Corporation Name

TAMPA BAY SPINE CARE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

901 CLEARWATER-LARGO RD
LARGO FL 34634

901 CLEARWATER-LARGO RD
LARGO FL 34634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/16/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 State, Apt #, etc

26 State, Apt #, etc

22 City & State

27 City & State

23 Country

29 Zip

30 Country

4. FEI Number

59-3267474

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

7. Trust Fund Contribution

8. The corporation

Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LILES, RICHARD
901 CLEARWATER-LARGO RD
LARGO FL 34634**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Handwritten Signature]

4/29/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President
NAME	Richard Liles MD
STREET ADDRESS	901 Clearwater Largo Rd
CITY, ST, ZIP	Largo FL 34640
TITLE	VP - Secretary
NAME	Michael Piazza MD
STREET ADDRESS	1011 Jeffords St.
CITY, ST, ZIP	Clearwater FL 34616
TITLE	VP - Treasurer
NAME	Louis Rosa MD
STREET ADDRESS	1011 Jeffords St
CITY, ST, ZIP	Clearwater FL 34616
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in Section 607.0502(4)(b), Florida Statutes. I further certify that the information included on the annual report or supplemental annual 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, that the name or names designated to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12, of this report, or in an attachment with an address.

SIGNATURE:

[Handwritten Signature]

Richard Liles MD

4/29/95

813-584-4533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR