FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **719162** **(0)**

1. Corporation Name
FLORIDA NEUROSURGICAL SOCIETY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
DEPT OF NEUROSURGERY 1501 NW 9 AVE MIAMI FL 33136 US	DEPT. OF NEUROSURGERY 1501 NW 9 AV MIAMI FL 33136 US

3. Date Incorporated or Qualified: 08/19/1970
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-3014884 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2011 N. HARRISON AVE.	26 2011 N. HARRISON AVE.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PANAMA CITY, FLORIDA	City & State 28 PANAMA CITY, FLORIDA
Zip 24 32405	Zip 29 32405
Country 25 USA	Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LANDY, HOWARD J M.D. DEPT OF NEUROSURGERY 1501 NW 9 AVE MIAMI FL 33136	81 Name: DOUGLAS STRINGER, M.D. 82 Street Address (P.O. Box Number is Not Acceptable): 2011 N. HARRISON AVE. 83 84 City: PANAMA CITY FL 85 Zip Code: 32405

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the 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 _____ MD
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ZORMAN, GREG	1.2 NAME	FRIEDMAN, WILLIAM	
STREET ADDRESS	1131 N 35TH AVE., #301	1.3 STREET ADDRESS	1600 SW ARCHER ROAD	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	GAINESVILLE, FL 32610	
TITLE	SD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	RIVET, PAUL M	2.2 NAME	LANDY, HOWARD	
STREET ADDRESS	7500 SW 8TH STRE, 301	2.3 STREET ADDRESS	1501 NW 9 AVE	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33136	
TITLE	TD	3.1 TITLE	T D	☒ Change ☐ Addition
NAME	LANDY, HOWARD	3.2 NAME	[redacted] STRINGER, DOUGLAS	
STREET ADDRESS	1501 NW 9 AV	3.3 STREET ADDRESS	2011 N. HARRISON AVE.	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE	D	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	FRIEDMAN, WILLIAM	4.2 NAME	TIMMETT, TROY	
STREET ADDRESS	1600 SW ARCHER ROAD	4.3 STREET ADDRESS	1717 N. E ST., SUITE 409	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ HOWARD LANDY 4/8/95 305-547-6946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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