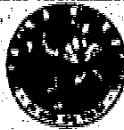


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
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.

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

DO NOT WRITE IN THIS SPACE

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.
Suite, Apt. #, etc.

26 2011 N. HARRISON AVE.
Suite, Apt. #, etc.

22 City & State

27 City & State

23 PANAMA CITY, FLORIDA

28 PANAMA CITY, FLORIDA

24 Zip

25 Country

29 Zip

30 Country

32405

USA

32405

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 607.0503, 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

Signature, typed or printed name of registered agent or director

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ZORMAN, GREG
STREET ADDRESS 1131 N 35TH AVE., #301
CITY-ST-ZIP HOLLYWOOD FL

1.1 TITLE PD
1.2 NAME FRIEDMAN, WILLIAM
1.3 STREET ADDRESS 1600 SW ARCHER ROAD
1.4 CITY-ST-ZIP GAINESVILLE, FL 32610 ☒ Change ☐ Addition

TITLE SD
NAME RIVET, PAUL M
STREET ADDRESS 7500 SW 8TH STRE, 301
CITY-ST-ZIP MIAMI FL

2.1 TITLE VD
2.2 NAME LANDY, HOWARD
2.3 STREET ADDRESS 1501 NW 9 AVE
2.4 CITY-ST-ZIP MIAMI, FL 33136 ☒ Change ☐ Addition

TITLE TD
NAME LANDY, HOWARD
STREET ADDRESS 1501 NW 9 AV
CITY-ST-ZIP MIAMI FL

3.1 TITLE TD
3.2 NAME ~~DOUGLAS~~ STRINGER DOUGLAS
3.3 STREET ADDRESS 2011 N. HARRISON AVE.
3.4 CITY-ST-ZIP PANAMA CITY, FL 32405 ☒ Change ☐ Addition

TITLE D
NAME FRIEDMAN, WILLIAM
STREET ADDRESS 1600 SW ARCHER ROAD
CITY-ST-ZIP GAINESVILLE FL

4.1 TITLE SD
4.2 NAME TIPPETT, TROY
4.3 STREET ADDRESS 1717 N. E ST., SUITE 409
4.4 CITY-ST-ZIP PENSACOLA, FL 32501 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Howard J. Landy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/95

305-547-6946