FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Feb 12 1996 8:00 am
Secretary of State

DOCUMENT # 719162 (0)

1. Corporation Name
FLORIDA NEUROSURGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
2011 N. HARRISON AVE 1501 NW 9 AVE PANAMA CITY FL 32405 US	2011 N. HARRISON AVE 1501 NW 9 AV PANAMA CITY FL 32405 US

3. Date Incorporated or Qualified: 08/19/1970
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 2011 NO. HARRISON AVENUE
22 Suite, Apt. #, etc.
23 City & State: PANAMA CITY, FL
24 Zip: 32405
25 Country: BAY

2a. Mailing Address
26 2011 NO. HARRISON AVENUE
27 Suite, Apt. #, etc.
28 City & State: PANAMA CITY, FL
29 Zip: 32405
30 Country: BAY

4. FEI Number: 59-3014884 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STRANGER, DOUGLAS M
2011 N. HARRISON AVE
1501 NW 9 AVE
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name: STRINGER, DOUGLAS L.
82 Street Address (P.O. Box Number is Not Acceptable): 2011 NO. HARRISON AVENUE
83
84 City: PANAMA CITY FL 85 Zip Code: 32405

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FRIEDMAN, WILLIAM 1600 S.W. ARCHER ROAD GAINESVILLE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD LANDY, HOWARD 1501 N.W.9TH STREET MIAMI, FL 33136	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LANDY, HOWARD 1501 N.W. 9 AVE MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD FRIEDMAN, WILLIAM 1600 S.W. ARCHER ROAD GAINESVILLE, FL 32610	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STRINGER, DOUGLAS 2011 N HARRISON AVE PANAMA CITY FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SIPPETT, TROY 1717 N.E. ST., SUITE 409 PENSACOLA FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SD TIPPETT, TROY M. 1717 NO "E" STREET, SUITE 409 PENSACOLA, FL 32501	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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: _____ JANUARY 31, 1996 (904)769-3261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DOUGLAS L. STRINGER