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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719162 (0)

1. Corporation Name

FLORIDA NEUROSURGICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

2011 N. HARRISON AVE
PANAMA CITY FL 32405
US

2011 N. HARRISON AVE
PANAMA CITY FL 32405-4545
US



3. Date Incorporated or Qualified 08/19/1970 3a. Date of Last Report 02/12/1996

2. Principal Place of Business 21 DEPT OF NEUROSURGERY UNIV OF FLA	2a. Mailing Address 26 DEPT OF NEUROSURGERY UNIV OF FLA	4. FEI Number 59-3014884	Applied For Not Applicable
22 Suite, Apt. #, etc. BOX 100265 JHMC	27 Suite, Apt. #, etc. BOX 100265 JHMC	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23 City & State GAINESVILLE, FLORIDA	28 City & State GAINESVILLE, FLORIDA	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 Zip 32610	25 Country	29 Zip 32610	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRINGER, DOUGLAS L
2011 NORTH HARRISON AVENUE
PANAMA CITY FL 32405

81 Name
RICHARD G. FESSLER, M.D.
82 Street Address (P.O. Box Number is Not Acceptable)
1600 SW ARCHER RD.
83 DEPT OF NEUROSURGERY RM M-217
84 City
GAINESVILLE FL 85 Zip Code
32610

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 *Richard G. Fessler* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	HOWARD, LANDY ☒ DELETE	1.1 TITLE PRESIDENT ☒ Change ☐ Addition	
NAME HOWARD, LANDY		1.2 NAME TROY TIPPETT	
STREET ADDRESS 150 N.W. 9TH STREET		1.3 STREET ADDRESS 1717 NO "E" STREET, SUITE 409	
CITY-ST-ZIP MIAMI FL 33136		1.4 CITY-ST-ZIP PENSACOLA, FL 32501	
TITLE VD	FRIEDMAN, WILLIAM ☒ DELETE	2.1 TITLE PRESIDENT-ELECT ☒ Change ☐ Addition	
NAME FRIEDMAN, WILLIAM		2.2 NAME DOUGLAS L. STRINGER	
STREET ADDRESS 1600 S.W. ARCHER ROAD		2.3 STREET ADDRESS 2011 NORTH HARRISON AVENUE	
CITY-ST-ZIP GAINESVILLE FL 32610		2.4 CITY-ST-ZIP PANAMA CITY, FL 32405	
TITLE TD	STRINGER, DOUGLAS ☐ DELETE	3.1 TITLE SECRETARY ☐ Change ☒ Addition	
NAME STRINGER, DOUGLAS		3.2 NAME RICHARD L. CARTER	
STREET ADDRESS 2011 N HARRISON AVE		3.3 STREET ADDRESS 1150 NORTH 35th AVENUE, SUITE #300	
CITY-ST-ZIP PANAMA CITY FL		3.4 CITY-ST-ZIP HOLLYWOOD, FL 33021	
TITLE SD	TIPPETT, TROY M ☐ DELETE	4.1 TITLE TREASURE ☐ Change ☒ Addition	
NAME TIPPETT, TROY M		4.2 NAME RICHARD G. FESSLER	
STREET ADDRESS 1717 N "E" STREET, SUITE 409		4.3 STREET ADDRESS 1600 SW ARCHER RD.	
CITY-ST-ZIP PENSACOLA FL 32501		4.4 CITY-ST-ZIP GAINESVILLE, FL 32600	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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 does not qualify for the exemption stated in Section 449.07(3)(i), 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 447, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: *[Date]* DAYTIME PHONE: *[Phone Number]*

CR2E037 (9/96)