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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719162

1. Corporation Name

FLORIDA NEUROSURGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
DEPT OF NEUROSURGERY/ UNIV OF FLORIDA BOX 100265 JHMHC GAINESVILLE FL 32610 US	DEPT OF NEUROSURGERY/ UNIV OF FLORIDA BOX 100265 JHMHC GAINESVILLE FL 32610 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed: 08/19/1970
21	26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-3014884 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TALLY, PHILIP W
5949 17TH AVE WEST
BRADENTON FL 34209

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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	P	☑ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	TIPPETT, TROY		1.2 NAME	RICHARD G. FESSLER	
STREET ADDRESS	1717 NO "E" STREET, STE. 409		1.3 STREET ADDRESS	BOX 100265 UNIV OF FLORIDA	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	GAINESVILLE, FL 32610	
TITLE	PE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STRINGER, DOUGLAS L.		2.2 NAME		
STREET ADDRESS	2011 NORTH HARRISON AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		2. 4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STRINGER, DOUGLAS		3.2 NAME		
STREET ADDRESS	2011 N HARRISON AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		3.4. CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TIPPETT, TROY M		4. 2 NAME		
STREET ADDRESS	1717 N "E" STREET, SUITE 409		4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, RICHARD L.		5.2 NAME		
STREET ADDRESS	1150 NORTH 35TH AVE., STE. 300		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TALLY, PHILIP W		6.2 NAME		
STREET ADDRESS	5949 17TH AVE WEST		6.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34209		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Philip W. Tally, MD 1-14-99 (941)794-5868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #