

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719162

FILED
Feb 07, 2005
Secretary of State

Entity Name: FLORIDA NEUROSURGICAL SOCIETY, INC.

Current Principal Place of Business:

1000 RIVERSIDE AVENUE
SUITE 115
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

1000 RIVERSIDE AVENUE
SUITE 115
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: 59-3014884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER
1000 RIVERSIDE AVENUE
SUITE 115
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROPER, STEVEN MD
Address: 1000 RIVERSIDE AVENUE, SUITE 115
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: SACHS, DAVID MD
Address: 1000 RIVERSIDE AVENUE, SUITE 115
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: TALLY, PHIL
Address: 1000 RIVERSIDE AVENUE, SUITE 115
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: RAZACK, NIZCM MD
Address: 1000 RIVERSIDE AVENUE, SUITE 115
City-St-Zip: JACKSONVILLE, FL 32204

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: NULAND, CHRISTOPHER L
Address: 1000 RIVERSIDE AVENUE, SUITE 115
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER L. NULAND

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02/07/2005

Electronic Signature of Signing Officer or Director

Date