

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 03, 2006**  
**Secretary of State**

DOCUMENT# 719162

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

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

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

Title: PD (X) Change ( ) Addition  
Name: RAZACK, NIZAM MD  
Address: 1000 RIVERSIDE AVENUE, SUITE 115  
City-St-Zip: JACKSONVILLE, FL 32204

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

Title: D ( ) Change (X) Addition  
Name: MCKALIP, DAVID MD  
Address: 1000 RIVERSIDE AVENUE, SUITE 115  
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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/

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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01/03/2006

\_\_\_\_\_  
Date