

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719162

FILED
Jan 08, 2007
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: D () 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: PD () Delete
Name: RAZACK, NIZAM 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: D () Delete
Name: MCKALIP, DAVID MD
Address: 1000 RIVERSIDE AVENUE, SUITE 115
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MCKALIP, DAVID MD
Address: 1000 RIVERSIDE AVENUE, SUITE 115
City-St-Zip: JACKSONVILLE, FL 32204

Title: PD (X) Change () Addition
Name: FARKAS, JACQUES M.D.
Address: 1000 RIVERSIDE AVENUE, SUITE 115
City-St-Zip: JACKSONVILLE, FL 32204

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

Title: D (X) Change () Addition
Name: MACHADO, MIGUEL M.D.
Address: 1000 RIVERSIDE AVENUE, SUITE 115
City-St-Zip: JACKSONVILLE, FL 32204

Title: SD (X) Change () Addition
Name: SHAYA, MARK MD
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 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: MARK SHAYA

S

01/08/2007

Electronic Signature of Signing Officer or Director

_____ Date