2007 NOT-FOR-PROFIT CORPORATION
Amended ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719162

1. Entity Name
FLORIDA NEUROSURGICAL SOCIETY, INC.

01042007 Chg-NP CR2E037 (12/06)

Principal Place of Business	Mailing Address
1000 RIVERSIDE AVENUE SUITE 115 JACKSONVILLE, FL 32204 US	1000 RIVERSIDE AVENUE SUITE 115 JACKSONVILLE, FL 32204 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1945 Lane Ave. So.	P.O. Box 7040
Suite, Apt. #, etc.: Suite 5	Suite, Apt. #, etc.
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip: 32210 Country: Duval	Zip: 32238 Country: Duval

4. FEI Number: 59-3014884 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Wanda L. Callahan
Street Address (P.O. Box Number is Not Acceptable): 1945 Lane Avenue South
Suite 5
City: Jacksonville FL Zip Code: 32210

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Wanda L. Callahan Wanda L. Callahan 1-5-07 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

COMMERCIAL
04/04/07--01049--007 **61.25

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROPER, STEVEN MD 1000 RIVERSIDE AVENUE,SUITE 115 JACKSONVILLE, FL 32204	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Farkas, Jacques MD 701 Seaview Dr. Juno Beach, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SACHS, DAVID MD 1000 RIVERSIDE AVENUE,SUITE 115 JACKSONVILLE, FL 32204	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Machado, Miguel MD 301 Health Park Blvd., Ste 216 St. Augustine, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TALLY, PHIL 1000 RIVERSIDE AVENUE,SUITE 115 JACKSONVILLE, FL 32204	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Shaya, Mark MD 1945 Lane Ave S., Ste 5 Jacksonville, FL 32210	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RAZACK, NIZAM MD 1000 RIVERSIDE AVENUE,SUITE 115 JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Razack, Nizam MD 71 W Underwood St., Sk 400 Orlando, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NULAND, CHRISTOPHER L 1000 RIVERSIDE AVENUE, SUITE 115 JACKSONVILLE, FL 32204	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Callahan, Wanda 1945 Lane Ave S., Ste 5 Jacksonville, FL 32210	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCKALIP, DAVID MD 1000 RIVERSIDE AVENUE, SUITE 115 JACKSONVILLE, FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD McKalip, David MD 1201 5th Ave N, Sk 210 St. Petersburg, FL	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Entered MAR 27 2007

SIGNATURE: Wanda L. Callahan Wanda L. Callahan 1-31-07 904-786-0846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #