2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# 719162

Entity Name: FLORIDA NEUROSURGICAL SOCIETY, INC.

Current Principal Place of Business:

1945 LANE AVE. SO.
SUITE 5
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

5911 HICKS ROAD
JACKSONVILLE, FL 32244 US

Current Mailing Address:

P.O.BOX 7040
JACKSONVILLE, FL 32238

New Mailing Address:

P.O. BOX 441745
JACKSONVILLE, FL 32222

FEI Number: 59-3014884 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALLAHAN, WANDA L
1945 LANE AVE. SO.
SUITE 5
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

CALLAHAN, WANDA L
5911 HICKS ROAD
JACKSONVILLE, FL 32244 US

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: WANDA L. CALLAHAN 03/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FARKAS, JACQUES MD
Address: 701 SEAVIEW DR.
City-St-Zip: JUNO BEACH, FL 33408

Title: PD ( ) Delete
Name: MACHADO, MIQUEL MD
Address: 301 HEALTH PARK BLVD., STE 216
City-St-Zip: ST. AUGUSTINE, FL

Title: SD ( ) Delete
Name: SHAYA, MARK MD
Address: 1945 LANE AVE S. STE 5
City-St-Zip: JACKSONVILLE, FL 32210

Title: M ( ) Delete
Name: CALLAHAN, WANDA
Address: 1945 LANE AVE. SO., STE 5
City-St-Zip: JACKSONVILLE, FL 32210

Title: VD ( ) Delete
Name: MCKALIP, DAVID
Address: 1201 5TH AVE., N. STE 210
City-St-Zip: SAINT PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GARCIA-BENGOCHEA, JAVIER MD
Address: 5911 HICKS ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: D (X) Change ( ) Addition
Name: MACHADO, MIQUEL MD
Address: 5911 HICKS ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD (X) Change ( ) Addition
Name: SHAYA, MARK MD
Address: 5911 HICKS ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: M (X) Change ( ) Addition
Name: CALLAHAN, WANDA
Address: 5911 HICKS ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: D (X) Change ( ) Addition
Name: MCKALIP, DAVID
Address: 1201 5TH AVE., N. STE 210
City-St-Zip: SAINT PETERSBURG, FL 33705

I hereby certify that the information supplied with this filing does not qualify 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: WANDA L. CALLAHAN D 03/30/2009
Electronic Signature of Signing Officer or Director Date