2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2010
Secretary of State

DOCUMENT# 719162

Entity Name: FLORIDA NEUROSURGICAL SOCIETY, INC.

Current Principal Place of Business:

5911 HICKS ROAD
JACKSONVILLE, FL 32244 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 441745
JACKSONVILLE, FL 32222

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:

CALLAHAN, WANDA L
5911 HICKS ROAD
JACKSONVILLE, FL 32244 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
Name: GARCIA-BENGOCHEA, JAVIER MD
Address: 5911 HICKS ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: D
Name: MACHADO, MIQUEL MD
Address: 5911 HICKS ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD
Name: SHAYA, MARK MD
Address: 5911 HICKS ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: M
Name: CALLAHAN, WANDA
Address: 5911 HICKS ROAD
City-St-Zip: JACKSONVILLE, FL 32244

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

I hereby 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 all other like empowered.

SIGNATURE: WANDA L. CALLAHAN MGR 04/01/2010

Electronic Signature of Signing Officer or Director Date