

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719162

FILED
Mar 03, 2011
Secretary of State

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:

P.O. BOX 441745
JACKSONVILLE, FL 32222 HO

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 US

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

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

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

Title: M
Name: FAUCETT, CRYSTAL
Address: 5911 HICKS ROAD
City-St-Zip: JACKSONVILLE, FL 32244 US

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: CRYSTAL FAUCETT

M

03/03/2011

Electronic Signature of Signing Officer or Director

Date