2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State
04-14-2008 90035 007 ***150.00

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DOCUMENT # P05000071621

1. Entity Name
SARASOTA NEUROSURGERY PA

Principal Place of Business
1921 WALDEMERE STREET
SUITE 809
SARASOTA, FL 34239

Mailing Address
1921 WALDEMERE STREET
SUITE 809
SARASOTA, FL 34239

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

03272008 Chg-P CR2E034 (12/06)

4. FEI Number: 68-0607103 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SCHUMACHER, JAMES M
1921 WALDEMERE STREET
SUITE 809
SARASOTA, FL 34239

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCHUMACHER, JAMES M		NAME	
STREET ADDRESS	1921 WALDEMERE STREET SUITE 809		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34239		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 607, 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.

SIGNATURE: X [signature] X 4-1-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #