2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005
Secretary of State

DOCUMENT# P94000061753

Entity Name: NEUROSURGICAL ASSOCIATES - CASSIDY & GUERIN, M.D., P.A.

Current Principal Place of Business:

THE YORK BUILDING
530 NOKOMIS AVENUE STE 11
VENICE, FL 34285

New Principal Place of Business:

842 SUNSET LAKE BLVD.
SUITE 302
VENICE, FL 34292 US

Current Mailing Address:

THE YORK BUILDING
530 NOKOMIS AVENUE STE 11
VENICE, FL 34285

New Mailing Address:

842 SUNSET LAKE BLVD.
SUITE 302
VENICE, FL 34292 US

FEI Number: 65-0513576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASSIDY, JOHN R
THE YORK BUILDING
530 NOKOMIS AVENUE
VENICE, FL 34285 US

Name and Address of New Registered Agent:

CASSIDY, JOHN R
842 SUNSET LAKE BLVD.
SUITE 302
VENICE, FL 34292 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: _____ 02/21/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CASSIDY, JOHN R
Address: 530 NOKOMIS AVENUE
City-St-Zip: VENICE, FL 34285

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: CASSIDY, JOHN R PRES.
Address: 842 SUNSET LAKE BLVD., SUITE 302
City-St-Zip: VENICE, FL 34285 US

Title: DR. ( ) Change (X) Addition
Name: GUERIN, CHRISTOPHER V.P.
Address: 842 SUNSET LAKE BLVD., SUITE 302
City-St-Zip: VENICE, FL 34292 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R. CASSIDY, M.D. PRES 02/21/2005
Electronic Signature of Signing Officer or Director — Date