

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719162

Entity Name: FLORIDA NEUROSURGICAL SOCIETY, INC.**Current Principal Place of Business:**6134 POPLAR BLUFF CIR.
SUITE 101
NORCROSS, GA 30092**Current Mailing Address:**6134 POPLAR BLUFF CIR.
SUITE 101
NORCROSS, GA 30092 US**FEI Number:** 59-3014884**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MORRISON, TARA M
1321 NW 14TH STREET
UNIVERSITY OF MIAMI HOSPITAL WEST BUILDING, SUITE 306
MIAMI, FL 33125 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:** TARA M MORRISON

01/26/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name GOVERNALE, LANCE MD
Address 6134 POPLAR BLUFF CIR.
SUITE 101
City-State-Zip: NORCROSS GA 30092

Title VP
Name OLIVER, ADAM MD
Address 6134 POPLAR BLUFF CIR.
SUITE 101
City-State-Zip: NORCROSS GA 30092

Title EXECUTIVE SECRETARY
Name MORRISON, TARA M
Address 6134 POPLAR BLUFF CIR.
SUITE 101
City-State-Zip: NORCROSS GA 30092

Title PRESIDENT
Name BLATT, JASON MD
Address 6134 POPLAR BLUFF CIR.
SUITE 101
City-State-Zip: NORCROSS GA 30092

Title TREASURER
Name COTE, IAN MD
Address 6134 POPLAR BLUFF CIR.
SUITE 101
City-State-Zip: NORCROSS GA 30092

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: TARA MORRISON

EXECUTIVE DIRECTOR

01/26/2023

Electronic Signature of Signing Officer/Director Detail

Date