2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2019
Secretary of State
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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: No

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 02/06/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT-ELECT	Title	SECRETARY
Name	BROWN, BENJAMIN MD	Name	BLATT, JASON MD
Address	6134 POPLAR BLUFF CIR. SUITE 101	Address	6134 POPLAR BLUFF CIR. SUITE 101
City-State-Zip:	NORCROSS GA 30092	City-State-Zip:	NORCROSS GA 30092
Title	PRESIDENT	Title	EXECUTIVE SECRETARY
Name	RAHMAN, MARYAM MD	Name	MORRISON, TARA M
Address	6134 POPLAR BLUFF CIR. SUITE 101	Address	6134 POPLAR BLUFF CIR. SUITE 101
City-State-Zip:	NORCROSS GA 30092	City-State-Zip:	NORCROSS GA 30092
Title	TREASURER		
Name	OLIVERA, RAUL 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 SECRETARY 02/06/2019

Electronic Signature of Signing Officer/Director Detail — Date