

2018 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:** 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

01/15/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title	PRESIDENT-ELECT
Name	RAHMAN, MARYAM 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	SECRETARY
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 M MORRISON**EXECUTIVE DIRECTOR**

01/15/2018

Electronic Signature of Signing Officer/Director Detail

Date