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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 576758

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THE NEUROSURGICAL GROUP - SISCO, TIPPETT, CHAPLE

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2p	City & State	1	City & State						•
S. Name and Address of Current Registered Agent  HART, ROBERT D., J.R. 715 SOUTH PALAFOX STREET PENSACOLA R. 32501  82 Street Address (P.O. Biox Number is Not Acceptable)  83  84 Cay  FL  85  85  86 Cay  FL  87  88 Cay  FL  88 Cay  FL	<del></del>	Country	<del></del>	Cour	ntry		ntangible tax		
HART, ROBERT D., J.R. 715 SOUTH PALAFOX STREET PENSACOLA FL 32501  1. Pursuant to thir provisions of Sections 607 0502 and 607 1508, Floridal Statutes, the above named corporation submitted this statement for the purpose of changing its registered offer or registered agent, or both, in the State of Floridal Statutes, the above named corporation submitted this statement for the purpose of changing its registered offer or registered agent with, and accept thre obligations of Section 607 0502, Floridal Statutes  SENATURE  System bytest or printer family deplicate agent and the 7 light pasts or printer family deplicate agent and the 7 light pasts or printer family deplicate agent and the 7 light pasts or printer family deplicate agent and the 7 light pasts or printer family deplicate agent and the 7 light pasts or printer family deplicate agent and the 7 light pasts or printer family deplicate agent and the 7 light pasts or printer family deplicate agent and the 7 light pasts or printer family deplicate agent and the 7 light pasts or printer family deplicate agent and the 7 light pasts or printer family deplicate agent and the 7 light pasts or printer family deplicate agent and the 7 light pasts or printer family deplicate agent and the 7 light pasts or printer family deplicate agent and the 7 light pasts or printer family deplicate agent and the 7 light pasts or printer family deplicate agent and the 7 light pasts or printer family deplicated agent and the 7 light pasts of printer family deplicated agent and the 7 light pasts of printer family deplicated agent and the 7 light pasts of printer family deplicated agent and the 7 light pasts of printer family deplicated agent and the 7 light pasts of printer family deplicated agent and the 7 light pasts of printer family deplicated agent and the 7 light pasts of printer family deplicated agent and the 7 light pasts of printer family deplicated agent agent and the 7 light pasts of printer family deplicated agent age		25	29	30		Florida Statutes	□ No		
HART, ROBERT D., JR. 715 SOUTH PALAFOX STREET PENSACOLA FL 32501  88  86 City FL 85 Zip Code  1. Pursuant to the provisions of Sections 607 0502 and 607.1508. Floridal Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridal Such change was authorized by the corporation submits this statement for the purpose of changing its registered different and accept the objection 607.0502 floridal studies.  GINATURE  System, head or finited name of regimens agent and tending at state of agent. I am family and accept the objection 607.0505. Floridal studies.  FIL 85 Zip Code  1. Fursuant to the provisions of Sections 607.0505. Floridal Studies the corporation submits this statement for the purpose of changing its registered digent. I am family and accept the objection 607.0505. Floridal Studies.  GINATURE  System, head or finited name of regimens agent and tending at state of agent. I am family accept the appointment as registered digent. I am family accept the object of change is positive to the provision of the pr		9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	egistered A	gent	
T15 SOUTH PALAFOX STREET					81 Name				
PENSACOLA FL 32501  1. Pursuant to the provisions of Sections 607,0502 and 607,1508. Floridal Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. Hereby accept the appointment as registered agent, I am familiar with, aird accept the obligations of, Section 607,0502, Floridal Statutes.  ICRINATURE  Signification of registering agent and the Flag statute.  ICRINATURE  Signification of registering agent and the Flag statute.  PDT Registering Agent virtual recursion of directors. Hereby accept the appointment as registered agent, I am familiar with, aird accept the obligations of, Section 607,0502, Floridal Statutes.  ICRINATURE  Signification of registering agent and the Flag statute.  PDT Registering Agent virtual recursion of directors. Hereby accept the appointment as registered agent, I am familiar virtual recursion of directors. Hereby accept the appointment as registered agent, I am familiar virtual recursion of directors. Hereby accept the appointment as registered agent, I am familiar virtual recursion of directors. Hereby accept the appointment as registered agent, I am familiar virtual recursion of directors. Hereby accept the appointment as registered agent, I am familiar virtual registered agent, I am familiar virtua					82 Street Add	ddress (P.O. Box Number is Not Acceptable)			
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11. Pursuant to this provisions of Sections 607,0502 and 607,1508, Fincida Statuties, the above-named corporation submits this statement for the purpose of changing its registered office registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statuties.  SIGNATURE  2.				T I	<b>84</b> City			85 Zip	Code
or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.6505, Florida Statutes  SIGNATURE  Spublic fueld printed paint of the printed spant and in a printed spant					<u></u>			<u> </u>	
SISCO, A.B., M.D.   12 NAME   13 STREET ADDRESS   1717 NORTH "E" ST.   13 STREET ADDRESS   1717 NORTH "E" ST.   14 CITY-ST-2IP     Change   Addition   A		<del></del>							DC M 10
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SIGNATURE:

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