

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 576758

FILED
Apr 20, 2004
Secretary of State

Entity Name: THE NEUROSURGICAL GROUP - TIPPETT, CHAPLEAU, FRANK, DMYTRENKO & GIOVANINI,
M.D., P.A.

Current Principal Place of Business:

1717 NORTH E STREET , SUITE 422
PENSACOLA, FL 32501 US

New Principal Place of Business:

1717 NORTH E STREET
SUITE 422
PENSACOLA, FL 32501 US

Current Mailing Address:

1717 NORTH E STREET , SUITE 422
PENSACOLA, FL 32501 US

New Mailing Address:

1717 NORTH E STREET
SUITE 422
PENSACOLA, FL 32501 US

FEI Number: 59-1803268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, ROBERT D., JR.
715 SOUTH PALAFOX STREET
PENSACOLA, FL 32501

Name and Address of New Registered Agent:

HART, ROBERT D JR
125 WEST ROMANA ST
SUITE 800
PENSACOLA, FL 32502

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: ROBERT D HART, JR

04/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TIPPETT, TROY M, II., M.D.
Address: 1717 NORTH E. ST. SUITE 422
City-St-Zip: PENSACOLA, FL

Title: DVP () Delete
Name: CHAPLEAU, CHARLES E., , M.
Address: 1717 NORTH E. ST. SUITE 422
City-St-Zip: PENSACOLA, FL

Title: DVP () Delete
Name: FRANK, ROBERT A., M., D.
Address: 1717 NORTH E. ST. SUITE 422
City-St-Zip: PENSACOLA, FL

Title: STD () Delete
Name: DMYTRENKO, GEORGE M. M PH.D.
Address: 1717 NORTH E. ST. SUITE 422
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: GIOVANINI, MARK A MD
Address: 1717 NE ST SUITE 422
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TROY M. TIPPETT, M.D.

DP

04/20/2004

Electronic Signature of Signing Officer or Director

Date