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Jan 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 600351 (1)
1. Corporation Name
CENTRAL FLORIDA NEUROSURGICAL ASSOCIATES - HOFFM
EISTER & SHEAR, P.A.



Principal Place of Business: 328 E. SPURCE ST ORLANDO FL 32804
Mailing Address: 328 E. SPURCE ST ORLANDO FL 32804-4632

3. Date Incorporated or Qualified: 02/26/1968
3a. Date of Last Report: 03/19/1996
4. FEI Number: 59-1205021
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
HOFFMEISTER, WILLIAM E
1355 ORANGE AVE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent
81 Name: Robert H. Shear
82 Street Address (P.O. Box Number is Not Acceptable):
83 328 E. Spruce St.
84 City: Orlando, FL 85 Zip Code: 32804

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida 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 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 Statutes.
SIGNATURE: Robert H. Shear (handwritten signature)
DATE: 1/6/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOFFMEISTER, WILLIAM E.	
STREET ADDRESS	328 E. SPRUCE ST.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SHEAR, ROBERT H.	
STREET ADDRESS	328 E. SPRUCE ST.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHEAR, ROBERT H.	
STREET ADDRESS	328 E. SPRUCE ST.	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert H. Shear	
1.3 STREET ADDRESS	328 E Spruce St.	
1.4 CITY - ST - ZIP	Orlando, FL 32804	
2.1 TITLE	V.S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Daniel R. Spurrier	
2.3 STREET ADDRESS	328 E. Spruce St.	
2.4 CITY - ST - ZIP	Orlando, FL 32804	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William Y. Lu.	
3.3 STREET ADDRESS	328 E Spruce St	
3.4 CITY - ST - ZIP	Orlando, FL 32804	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 unchanged, or in an attachment with an address.
SIGNATURE: Robert H. Shear (handwritten signature)
DATE: 1/6/97 (407) 814-2362 (Daytime Phone #)

CR2E034 (9/96)