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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 Mailing Address
328 E. SPURCE ST 328 E. SPURCE ST
ORLANDO FL 32804 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 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

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 1/4/97 DATE
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE PD DELETED
NAME HOFFMEISTER, WILLIAM E.
STREET ADDRESS 328 E. SPRUCE ST.
CITY-ST-ZIP ORLANDO FL
TITLE ST DELETED
NAME SHEAR, ROBERT H.
STREET ADDRESS 328 E. SPRUCE ST.
CITY-ST-ZIP ORLANDO FL
TITLE VD DELETED
NAME SHEAR, ROBERT H.
STREET ADDRESS 328 E. SPRUCE ST.
CITY-ST-ZIP ORLANDO FL
TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P.D. Change
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. Change
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 T Change
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 Change
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change
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 if changed, or in an attachment with an address.

SIGNATURE: Robert H. Shear
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/97 (407) 814-2362
Daytime Phone #

CR2E034 (9/96)