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Apr 23 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 # 601232 (2)
1. Corporation Name
SOUTHERN NEUROSURGICAL ASSOCIATES A PROFESSIONAL
ASSOCIATION JORDAN K DAVIS MD DIPLOMATE AMERICAN



Principal Place of Business
-800 GLADES ROAD #2A
BOCA RATON FL 33431-3405

Mailing Address
-800 GLADES ROAD #2A
-BOGA RATON FL 33431-8405

3. Date Incorporated or Qualified 07/18/1969
3a. Date of Last Report 05/01/1996
4. FEI Number 59-1265782
Applied For Not Applicable
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 1905 CLINT MOORE RD.
Suite, Apt. #, etc.
22 SUITE 309
City & State
23 BOCA RATON FL
Zip 33496 Country
24 33496 25
2a. Mailing Address
26 P.O. BOX 970416
Suite, Apt. #, etc.
27
City & State
28 BOCA RATON FL
Zip 33497 Country
29 33497 30

9. Name and Address of Current Registered Agent

DAVIS, JORDAN K.
-800 GLADES ROAD #2A
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
7601 WOOD DUCK DRIVE
83
84 City BOCA RATON FL 85 Zip Code 33434

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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD ☐ DELETE
NAME DAVIS, JORDAN
STREET ADDRESS -800 GLADES ROAD #2A
CITY-ST-ZIP BOCA RATON FL
TITLE VS ☐ DELETE
NAME FERNYHOUGH, JEFFREY
STREET ADDRESS -800 GLADES RD #2A
CITY-ST-ZIP -BOCA RATON FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 7601 WOOD DUCK DRIVE
1.4 CITY-ST-ZIP BOCA RATON FL 33434
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 420 MAYA PALM DRIVE
2.4 CITY-ST-ZIP BOCA RATON FL 33432
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/16/97

561-3687677

CR2E034 (9/96)