

Feb 21,
Sec1

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 622421

1. Entity Name
NEUROLOGICAL SPECIALTIES NEUROSURGERY, P.A.



Principal Place of Business

2816 W. VIRGINIA AVE.
TAMPA, FL 33607

Mailing Address

2816 W. VIRGINIA AVE.
TAMPA, FL 33607



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1913170

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MANISCALCO, J E
2816 W. VIRGINIA VE.
TAMPA, FL 33607

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRESSER, STEVEN J 2816 W. VIRGINIA AVE TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANISCALCO, J E 2816 W. VIRGINIA AVE. TAMPA, FL 33607
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02/21/05-80075-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.E. MANISCALCO, M.D.

2/16/05 (813) 876-6321
Daytime Phone #