2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 A
Secretary of State

DOCUMENT # 622421

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

Principal Place of Business	Mailing Address
2816 W. VIRIGINIA AVE. TAMPA, FL 33607	2816 W. VIRIGINIA AVE. TAMPA, FL 33607

DO NOT WRITE IN THIS SPACE

01112007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1913170

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MANISCALCO, JACK E M.D.
2816 W. VIRGINIA AVE.
TAMPA, FL 33607

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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 _____ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	VD
NAME	TRESSER, STEVEN J
STREET ADDRESS	2816 W. VIRGINIA AVE
CITY ST ZIP	TAMPA, FL 33607
TITLE	PD
NAME	MANISCALCO, J E
STREET ADDRESS	2816 W. VIRGINIA AVE.
CITY ST ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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CITY ST ZIP	

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01/19/07-80012-023 150.00

DO NOT WRITE IN THIS SPACE

12. *I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: JE MANISCALCO, MD 1/15/07 (813)876-6321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #