

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

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**



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1913170	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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**

**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 restate)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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-STATE-ZIP	TAMPA, FL 33607

TITLE	PD
NAME	MANISCALCO, J E
STREET ADDRESS	2816 W. VIRGINIA AVE.
CITY-STATE-ZIP	TAMPA, FL 33607

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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STREET ADDRESS	
CITY-STATE-ZIP	

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01/25/08-80016-012 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK E. MANISCALCO, M.D.

1/24/08 (813) 876-6321

Date

Daytime Phone #