

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712766 (5)

1. Corporation Name

SOUTH FLORIDA NEUROSURGICAL SOCIETY, INC.



Principal Place of Business

Mailing Address

2750 N.E. 187TH STREET
NORTH MIAMI BEACH FL 33180

2750 N.E. 187TH STREET
NORTH MIAMI BEACH FL 33180

3. Date Incorporated or Qualified

05/18/1967

3a. Date of Last Report

02/13/1995

2. Principal Place of Business

2a. Mailing Address

21 100 NW 170th St.

26 100 NW 170th St.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 302

27 Suite 302

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 North Miami Beach, FL

28 North Miami Beach, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33169

25 USA

29 33169

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWARTZ, BRUCE, ESQ.
2750 NORTHEAST 187 ST.
NORTH MIAMI BEACH FL 33180

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

1. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LUSTGARTEN, GARY J., MD
STREET ADDRESS 1100 N.E. 163RD STREET
CITY-ST-ZIP N. MIAMI BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD
NAME GERVIN, STEPHEN MD
STREET ADDRESS 1131 N. 35TH AVE.
CITY-ST-ZIP HOLLYWOOD FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME PAGE, LARRY, M.D.
STREET ADDRESS 1501 N.W. 9TH AVE.
CITY-ST-ZIP MIAMI FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)