

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Wendell B. McArthur
Tallahassee, Florida
32399-0001

APPROVED
AND
FILED

95 MAY -1 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H36052 (9)

ORLANDO NEUROSURGICAL ASSOCIATES, P.A.

1801 COOK AVENUE
ORLANDO FL 32806

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ORLANDO FL 32806

(PLEASE WRITE IN THIS SPACE)

3. Date incorporated or created 01/01/1985 3a. Date of Last Report 05/12/1994

4. FIC Number 59-2477414 4a. FIC Number Not Applicable

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

6. Election Campaign Financing Test Fund Contribution ☐ \$5.00 May Be Added to Fees

8. Foreign corporation, partnership, or other entity organized under the laws of a foreign country ☐ Florida Statutes ☒ No ☐ Yes

9. Name and Address of Current Registered Agent

MONTOYA, GERMAN, M.D.
8101 COOK AVENUE
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL 85. State

11. Pursuant to the provisions of law Florida Statutes, Chapter 607, Florida Statutes, the above named corporation, submits this statement for the purpose of changing its registered agent. The registered agent of this corporation is the State of Florida. The change was authorized by the corporation's board of directors. Thereby to quit the appointment as registered agent. I am authorized to execute this statement. I am the Secretary of the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	STD MONTOYA, GERMAN 1801 COOK AVENUE ORLANDO FL	NAME	P, D
NAME	PD ST. LOUIS, PHILLIP 1801 COOK AVENUE ORLANDO FL	NAME	S, D
NAME		NAME	V, D
NAME		NAME	Luis A. Ramos
NAME		NAME	1801 Cook Avenue
NAME		NAME	Orlando, FL 32806
NAME		NAME	T, D
NAME		NAME	Donald L. Behrmann
NAME		NAME	1801 Cook Avenue
NAME		NAME	Orlando, FL 32806

14. I, the undersigned, certify that the information supplied with this form is true and correct, and I am not aware of any information that would cause me to believe that the information is false or misleading. I am the Secretary of the Florida Statutes.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Phillip G. St. Louis, MD

4 28 95 425.7470