


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90219 036 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K04503**

1. Corporation Name

**NEUROSURGICAL ADMINISTRATIVE SERVICES, INC.**

Principal Place of Business

Mailing Address

1201 5TH AVE. NORTH  
STE 408  
ST. PETERSBURG FL 33705  
US

1201 5TH AVE. NORTH  
STE 408  
ST. PETERSBURG FL 33705  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1987

4. FEI Number

59-2857514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

WALKER, JEFFREY S., MD.  
1201 5TH AVE N #408  
ST. PETERSBURG FL 33705

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
WALKER, JEFFREY S.  
STREET ADDRESS  
1201 5TH AVE N #408  
CITY-ST-ZIP  
ST. PETERSBURG FL

TITLE ☐ DELETE

NAME  
GAINES, CASEY  
STREET ADDRESS  
1201 5TH AVE N #408  
CITY-ST-ZIP  
ST. PETERSBURG FL

TITLE ☐ DELETE

NAME  
SOLOMON, LOUIS  
STREET ADDRESS  
1201 5TH AVE N #408  
CITY-ST-ZIP  
ST. PETERSBURG FL

TITLE ☐ DELETE

NAME  
H. BUSNELL CLARKE  
STREET ADDRESS  
1201 5TH AVE. NO. 408  
CITY-ST-ZIP  
ST. PETERSBURG FL

TITLE ☐ DELETE

NAME  
GERALD F. TUIT  
STREET ADDRESS  
1201 5TH AVE. NO. #408  
CITY-ST-ZIP  
ST. PETERSBURG, FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30 49 727-894-5511

CR2E034 (11/98)