

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PH 12:15

DOCUMENT # **L12459 (8)**
1. Corporation Name
SOUTHWEST FLORIDA NEUROSURGICAL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
C/O GEORGE W. SYPERT, M.D. 3677 CENTRAL AVENUE FORT MYERS FL 33901	C/O GEORGE W. SYPERT, M.D. 3677 CENTRAL AVENUE FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 12700 CREEKSIDE LANE	26 12700 CREEKSIDE LANE
22 Suite, Apt. #, etc. SUITE 101	27 Suite, Apt. #, etc. SUITE 101
23 City & State FORT MYERS, FL	28 City & State FORT MYERS, FL
24 Zip 33919	29 Country LEE
25 Country LEE	30 Zip 33919
29 Country LEE	30 Zip 33919

3. Date Incorporated or Qualified 09/01/1989	3a. Date of Last Report 02/07/1994
4. FEI Number 65-0142621	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
B. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SYPERT, GEORGE W.
3677 CENTRAL AVENUE
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	12700 CREEKSIDE LANE #101
83	
84 City	FORT MYERS
85 Zip Code	FL 33919

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 _____ DATE _____
Signature typed or printed name of registered agent (and this if applicable) (PRINT: Registered Agent signature required when running)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOWELL, HARRY M.
STREET ADDRESS	3677 CENTRAL AVE., STE.A
CITY - ST - ZIP	FORT MYERS FL
TITLE	D
NAME	ARPIN-SYPERT, ELAINE JOY
STREET ADDRESS	3677 CENTRAL AVE., STE.A
CITY - ST - ZIP	FORT MYERS FL
TITLE	D
NAME	SYPERT, GEORGE W.
STREET ADDRESS	3677 CENTRAL AVE., STE.A
CITY - ST - ZIP	FORT MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DELETE
1.3 STREET ADDRESS	DELETE
1.4 CITY - ST - ZIP	DELETE
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	12700 CREEKSIDE LANE #101
2.4 CITY - ST - ZIP	FORT MYERS, FL 33919
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	12700 CREEKSIDE LANE #101
3.4 CITY - ST - ZIP	FORT MYERS, FL 33919
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 I do 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 transferee 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.

SIGNATURE: *George W. Syper* DATE: 2/9/95 (813) 432-0774
SIGNATURE TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR
GEORGE W. SYPERT, M.D. - PRESIDENT