

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L38658** (5)

1. Corporation Name

THE NEUROSURGERY CLINIC OF THE PALM BEACHES, P.A.



Principal Place of Business

Mailing Address

% STUART GOODMAN, M.D.
3355 BURNS ROAD, SUITE 201
PALM BEACH GARDENS FL 33410

% STUART GOODMAN, M.D.
3355 BURNS ROAD, SUITE 201
PALM BEACH GARDENS FL 33410

3. Date Incorporated or Qualified

12/22/1989

3a. Date of Last Report

01/20/1995

2. Principal Place of Business

2a. Mailing Address

21 3370 Burns Road

26 3370 Burns Road

4. FEI Number

65-0142235

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 200

27 Suite 200

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 Palm Bch Gdns, FL

28 Plm Bch Gdns, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 33410

Country

29 33410

Country

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

GOODMAN, STUART
3355 BURNS ROAD
SUITE 201
PALM BEACH GARDENS FL

81 Name

Stuart Goodman MD

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

3370 Burns Rd. Ste 200

83

84 City

Palm Beach Gardens

FL

85 Zip Code

33410

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 of person appointed as registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

Stuart Goodman MD, Pres.

1/25/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
GOODMAN, STUART, M.D.
STREET ADDRESS
3355 BURNS RD., STE 204
CITY- ST- ZIP
PALM BEACH GARDENS FL

TITLE ☐ DELETE

NAME
MAGANA, IGNACIO, M.D.
STREET ADDRESS
3355 BURNS RD., STE 204
CITY- ST- ZIP
PALM BEACH GARDENS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☒ Change ☐ Addition

DP
Stuart Goodman MD

3370 Burns Rd., Ste 200

Palm Beach Gardens, FL 33410

DST ☒ Change ☐ Addition

Ignacio Magana MD

3370 Burns Road, Ste 200

Palm Beach Gardens, FL 33410

☐ Change ☐ Addition

☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96

Date

407-627-7855

Daytime Phone #

CR2E034 (12/95)