2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State
02-25-2004 90014 024 ***150.00

DOCUMENT # M89164

1. Entity Name
NORTHEAST FLORIDA NEUROSURGERY, P.A.

Principal Place of Business	Mailing Address
NORTHCAST FLORIDA NEWSURGERY 4063 SALISBURY RD. #107 JACKSONVILLE, FL 32216	NORTHCAST FLORIDA NEWSURGERY 4063 SALISBURY RD. #107 JACKSONVILLE, FL 32216 US

02172004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
NE FL NEUROSURGERY	NE FL NEUROSURGERY
Suite, Apt. #, etc. 4063 SALISBURY RD #210	Suite, Apt. #, etc. 4063 SALISBURY RD #210
City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip / Country 32216 / DUVAL	Zip / Country 32216 / DUVAL

4. FEI Number: 59-2895723 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOHSE, DEAN C. M.D. 4063 SALISBURY RD, #107 JACKSONVILLE, FL 32216	Name: DEAN C. LOHSE, M.D. Street Address (P.O. Box Number is Not Acceptable): 4063 SALISBURY RD, #210 City: JACKSONVILLE FL Zip Code: 32216

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Dean C. Lohse 2/18/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LOHSE, DEAN C., M.D. 4063 SALISBURY RD 210 JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SPATOLA, MARK 1895 KINGSLEY AVE 404 ORANGE PARK, FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC PHILIP, HENKIN 8833 PERIMETER PARK BLVD 202 JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN C. LOHSE 2/18/04 (904) 296-2522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #