

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90137 002 ***150.00

DOCUMENT # M89164

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



Principal Place of Business
% DONALD W. WALLIS
4063 SALISBURY RD. #107
JACKSONVILLE FL 32216

Mailing Address
% DONALD W. WALLIS
4063 SALISBURY RD. #107
JACKSONVILLE FL 32216
US

2. Principal Place of Business

Northeast Florida Neurosurgery ← Same

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
4063 Salisbury Rd #210

City & State
Jacksonville, FL

City & State

Zip
32216

Country
US

Zip

Country

4. FEI Number
59-2895723

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LOHSE, DEAN C. M.D.
4063 SALISBURY RD, #107
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE: **P** ☐ Delete
NAME: **LOHSE, DEAN C., M.D.**
STREET ADDRESS: **4063 SALISBURY RD, #107**
CITY-ST-ZIP: **JACKSONVILLE FL**

TITLE: **V** ☐ Delete
NAME: **SPATOLA, MARK**
STREET ADDRESS: **4063 SALISBURY RD., #107**
CITY-ST-ZIP: **JACKSONVILLE FL**

TITLE: **SEC** ☐ Delete
NAME: **HENKIN, PHILIP**
STREET ADDRESS: **4063 SALISBURY RD, #107**
CITY-ST-ZIP: **JACKSONVILLE FL 32216**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **P** ☒ Change ☐ Addition
NAME: **Lohse, Dean C. M.D.**
STREET ADDRESS: **4063 Salisbury Rd., #210**
CITY-ST-ZIP: **Jacksonville, FL 32216**

TITLE: **V** ☒ Change ☐ Addition
NAME: **Spatola, Mark A. M.D.**
STREET ADDRESS: **1895 Kingsley Ave, #404**
CITY-ST-ZIP: **Orange Park, FL 32073**

TITLE: **SEC** ☒ Change ☐ Addition
NAME: **Henkin, Philip, M.D.**
STREET ADDRESS: **8833 Perimeter Park Blvd, #202**
CITY-ST-ZIP: **Jacksonville, FL 32216**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)