


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90094 018 \*\*\*\*61.25

**DOCUMENT # N0600002417**

1. Entity Name  
**ASSOCIATION OF NEUROSURGICAL PHYSICIAN ASSISTANTS INC**




Principal Place of Business  
**4267 NW FEDERAL HWY,  
 # 202  
 JENSEN BEACH, FL 34957**

Mailing Address  
**4267 NW FEDERAL HWY,  
 # 202  
 JENSEN BEACH, FL 34957**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



01182007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**58-1963909**

Applied For  
 Not Applicable

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

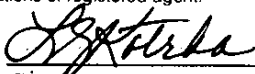
**6. Name and Address of Current Registered Agent**

**KOTRBA, LINDA  
 618 HOWARD CREEK LANE  
 STUART, FL 34994**

**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  DATE **1/19/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2007**

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

**Make check payable to Florida Department of State**

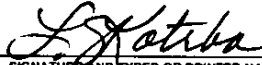
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> KOTRBA, LINDA 618 HOWARD CREEK LANE STUART, FL 34994	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T</b> HLAVIN, JOSEPH 4216 CONWAY CT COLLEGE STATION, TX 77845	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> NIDO, MICHAEL 3213 INDIA WILKES PLACE CHARLOTTE, NC 28270	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BARONE, DEAN 23 KNIGHTSBRIDGE PLACE JACKSON, NJ 08527	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BLACK, DAVID 3125 BALSAL ST YORK, PA 17404	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> STEYSKAL, CHRISTOPHER 3514 LAMBETH CT WILMINGTON, NC 28409	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> Joe Hlavin 4216 Conway Ct College Station, TX 77845	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Elect</b> BRENDA Hill 98-18101 Kaahumanu St Pearl City, HI 96782	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary/Treasurer</b> Dean Barone 23 Knightsbridge Place Jackson, NJ 08527	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director-at-Large</b> Tel Scott 13804 112th Ave Ct. E. Puyallup, WA 98374	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director-at-Large</b> Paula Colkese 500 W. Broadway St., Ste 310 Missoula, MT 59802	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director-at-Large</b> Garry Gregory 9201 181st Ave E. Bonney Lake, WA 98391	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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:  DATE **1/19/07** DAYTIME PHONE # **772-398-0269**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #