

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006641

FILED
Mar 30, 2009
Secretary of State

Entity Name: FLORIDA NEUROSURGEONS POLITICAL ACTION COMMITTEE, INC.

Current Principal Place of Business:

1945 LANE AVENUE SOUTH, SUITE 5
JACKSONVILLE, FL 32210

New Principal Place of Business:

5911 HICKS ROAD
JACKSONVILLE, FL 32244

Current Mailing Address:

1945 LANE AVENUE SOUTH, SUITE 5
JACKSONVILLE, FL 32210

New Mailing Address:

P.O. BOX 441745
JACKSONVILLE, FL 32222

FEI Number: 26-2958999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLAHAN, WANDA
1945 LANE AVENUE SOUTH, SUITE 5
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

CALLAHAN, WANDA
5911 HICKS ROAD
JACKSONVILLE, FL 32244 US

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.

SIGNATURE: WANDA L. CALLAHAN

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCKALIP, DAVID M M.D.
Address: 1945 LANE AVENUE SOUTH, SUITE 5
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: GARCIA-BENGOCHEA, JAVIER M.D.
Address: 1945 LANE AVENUE SOUTH, SUITE 5
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: SHAYA, MARK M.D.
Address: 1945 LANE AVENUE SOUTH, SUITE 5
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: MACHADO, MIGUEL A M.D.
Address: 1945 LANE AVENUE SOUTH, SUITE 5
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: CALLAHAN, WANDA L
Address: 1945 LANE AVENUE SOUTH, SUITE 5
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: WITTENBERG, WAYNE M.D.
Address: 1945 LANE AVENUE SOUTH, SUITE 5
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCKALIP, DAVID M M.D.
Address: 5911 HICKS ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: D (X) Change () Addition
Name: GARCIA-BENGOCHEA, JAVIER M.D.
Address: 5911 HICKS ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: D (X) Change () Addition
Name: SHAYA, MARK M.D.
Address: 5911 HICKS ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: D (X) Change () Addition
Name: MACHADO, MIGUEL A M.D.
Address: 5911 HICKS ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: D (X) Change () Addition
Name: CALLAHAN, WANDA L
Address: 5911 HICKS ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: D (X) Change () Addition
Name: WITTENBERG, WAYNE M.D.
Address: 5911 HICKS ROAD
City-St-Zip: JACKSONVILLE, FL 32222

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WANDA L. CALLAHAN

D

03/30/2009

Electronic Signature of Signing Officer or Director

Date