2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000006641

FILED Dec 03, 2010 Secretary of State

Entity Name: FLORIDA NEUROSURGEONS POLITICAL ACTION COMMITTEE, INC.

Current Principal Place of Business: New Principal Place of Business:

5911 HICKS ROAD JACKSONVILLE, FL 32244

Current Mailing Address: 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: 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

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

MCKALIP, DAVID M M.D. Name: Address: 5911 HICKS ROAD City-St-Zip: JACKSONVILLE, FL 32244

Title:

Name: GARCIA-BENGOCHEA, JAVIER M.D. Address: 5911 HICKS ROAD

City-St-Zip: JACKSONVILLE, FL 32244

Title:

SHAYA, MARK M.D. Name: Address: 5911 HICKS ROAD City-St-Zip: JACKSONVILLE, FL 32244

Title:

Name: MACHADO, MIGUEL A M.D. Address: 5911 HICKS ROAD

City-St-Zip: JACKSONVILLE, FL 32244

Title:

CALLAHAN, WANDA L Name: 5911 HICKS ROAD Address: JACKSONVILLE, FL 32244 City-St-Zip:

Title:

WITTENBERG, WAYNE M.D. Name:

Address: 5911 HICS ROAD

JACKSONVILLE, FL 32222 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: WANDA L. CALLAHAN D 12/03/2010