

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005985

1. Entity Name

ORLANDO NEUROSURGICAL FOUNDATION, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90124 046 ****61.25

0082235

Principal Place of Business

400 CELEBRATION PLACE #290
CELEBRATION FL 34747

Mailing Address

400 CELEBRATION PLACE #290
CELEBRATION FL 34747

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3611973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEDARY, MAX B M.D.
400 CELEBRATION PLACE #290
CELEBRATION FL 34747

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS MEDARY, MAX B M.D.
CITY-ST-ZIP 400 CELEBRATION PLACE #290
CELEBRATION FL 34747

TITLE ☐ Delete
NAME D
STREET ADDRESS ATKINS, JAMES M.D.
CITY-ST-ZIP 400 CELEBRATION PLACE #290
CELEBRATION FL 34747

TITLE ☐ Delete
NAME D
STREET ADDRESS MEDARY, IRENE B M.D.
CITY-ST-ZIP 400 CELEBRATION PLACE #290
KISSIMMEE FL 34747

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 10

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

TITLE ☐ Change ☐ Addition
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)