

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005985

FILED
Mar 09, 2005
Secretary of State

Entity Name: ORLANDO NEUROSURGICAL FOUNDATION, INC.

Current Principal Place of Business:

9430 TURKEY LAKE ROAD
SUITE 218
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1408
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 59-3611973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDARY, MAX B.M.D.
9430 TURKEY LAKE ROAD,
218
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEDARY, MAX B.M.D.
Address: 9430 TURKEY LAKE ROAD, SUITE 218
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: ATKINS, JAMES M.D.
Address: 400 CELEBRATION PLACE #360
City-St-Zip: CELEBRATION, FL 34747

Title: D () Delete
Name: MEDARY, IRENE B.M.D.
Address: 9430 TURKEY LAKE ROAD, SUITE 218
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: KASTNER, NANCY
Address: 400 CELEBRATION PLACE #290
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: IRENE B. MEDARY, MD

D

03/09/2005

Electronic Signature of Signing Officer or Director

Date