

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005985

FILED
May 15, 2008
Secretary of State

Entity Name: ORLANDO NEUROSURGICAL FOUNDATION, INC.

Current Principal Place of Business:

7340 STONEROCK CIRCLE
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MEDARY, MAX B.M.D.
7340 STONEROCK CIRCLE
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: PO BOX 692409
City-St-Zip: ORLANDO, FL 32869

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: PO BOX 692409
City-St-Zip: ORLANDO, FL 32869

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 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: IRENE B MEDARY

DTR

05/15/2008

Electronic Signature of Signing Officer or Director

Date