

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005985

FILED
Mar 26, 2010
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:

P.O. BOX 692409
ORLANDO, FL 32869

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.
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
Name: MEDARY, MAX B.M.D.
Address: PO BOX 692409
City-St-Zip: ORLANDO, FL 32869

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

Title: D
Name: MEDARY, IRENE B.M.D.
Address: PO BOX 692409
City-St-Zip: ORLANDO, FL 32869

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

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: MAX B MEDARY MD

D

03/26/2010

Electronic Signature of Signing Officer or Director

Date