## **2003 NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N99000005985

1. Entity Name



**FILED** Mar 10, 2003 8:00 am § Secretary of State 03-10-2003 90099 013 \*\*\*\*61.25

NAME STREET ADDRESS CITY-ST-ZIP CELEBRATION PLACE #290 CELEBRATION FL 34747  TITLE D MEDARY, IRENE B M.D. MEDARY, IRENE B M.D. STREET ADDRESS CITY-ST-ZIP CELEBRATION FL 34747  TITLE D MEDARY, IRENE B M.D. STREET ADDRESS CITY-ST-ZIP CELEBRATION FL 34747  TITLE D MAME KASTNER, NANCY STREET ADDRESS CITY-ST-ZIP CELEBRATION PLACE #290 CELEBRATION PLACE #290 CELEBRATION PLACE #290 CITY-ST-ZIP CELEBRATION FL 34747  CITY-ST-ZIP	OHLANDO	) NEUROSURGICAL FOUNDA	TION, INC.						
Suite, Apt. #, etc.  City & State  Country  S. Certificate of Status Desired   Sex. 75, Adoptional   Replayment of State   Sex. 75, Adoptional   Research of Status Desired   Sex. 75, Adoptional   Research of Sex. 75, Adoptional   Research o	400 CELEBRATION PLACE #290 400		400 CELEBRATION PLACE	00 CELEBRATION PLACE #290					
Suite, Apt. #. etc.   Suite, Apt. #. etc.   Grisch HERE IF MAKING CHANGES  City & State   City & State   4. FEI Number 59-3611973   Applied For Modulation of Page 19-3611973   Section of Status Desired   Section of Page 19-3611973   S	2. Principal f	Place of Business	3. Mailing Address						
City & State  City & State  City & State  City & State  Country  Country  Country  Country  S. Certificate of Status Desired   \$8.75 Additional   \$8.75 Additional			or maning regress			8 101)) 881)  481   881   881   881   881   881   881   881   881   881   881   881   881   881   881   881		8101 B141 1101	
Secondary   Zip   Country   Zip   Country   S. Certificator of Status Desired   \$8.75 Additional Fee Required   Secondary	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
## Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Regulated   \$6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   Agent   Address (P.O. Box Number is Not Acceptable)   Address (P.O. Box Number is Not Acceptable)   Stroot Address (P.O. Box Number is Not Acceptable)   Stroot Address (P.O. Box Number is Not Acceptable)   FL Zip Code   City   FL Zip Code   Zip C	City & State		City & State		4. FEI Number 59	59-3611973 Applied			
MEDARY, MAX B M.D. 400 CELEBRATION PLACE #290	Zip	Country	Zip	Country	5. Certificate of Sta		8.75 Ad	ditional	
MEDARY, MAX B M.D. 400 CELEBRATION PLACE #290  TILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  TILE D MEDARY, MAX B M.D. 400 CELEBRATION PLACE #290 CITY-ST-2P  TILE D ATKINS, JAMES M.D.  AMME ATKINS, JAMES M.D		6. Name and Address of Current F	Registered Agent		7. Name and Addre				
CELEBRATION PLACE #290 CELEBRATION PLACE #290 CELEBRATION PLACE #290 CITY  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing   \$5.00 May Be Added to Fees   Florida Department of State   TITLE   D	••	المراقع فيتسب والمعاوض والمعدام والأحار	معمود ميسا الداخوسيدي الدا	Name					
CELEBRATION FL 34747  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. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of change in the state of Florida. I am familiar with, and accept the purpose of change in the state of Florida. I am familiar with, and accept the purpose of change in the state of Florida. I am familiar with, and accept the purpose of change in the state of Florida. I am familiar with, and accept the purpose of change in the state of Florida. I am familiar with, and accept the purpose of change in the state of Florida. I am familiar with, and accept the purpose of change in the state of Florida department of State of Florida Departme				Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
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. I am familiar with, and accept the obligations of registered agent.    Signature						·			
SIGNATURE    Signature   Signa				City	FL		Zip Cod	ie	
SIGNATURE    Signature, typid or printed name of regressed agent and side it approache. (NOTE: Registered Agent signature required when reinstating)   DATE	8. The above	named entity submits this statement for	the purpose of changing its	registered office or regis	tered agent, or both, in th	ne State of Florida. I am fa	.L miliar with,	and accept	
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees   Make Check Payable to Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE NAME MEDARY, MAX B M.D.   MEDARY MAX B M.D.   MEDARY MAX B M.D.   MEDARY MAX B M.D.   MAME MEDARY MAX B M.D.   MEDARY MAX B M.D.   MAME MEDARY MEN B M.D.   MAME MEDARY, MEN B M.D.   MAME MEDARY MEN B M.D.   MAME M.D.   M	Line obligat	tions of registered agent.							
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees   Make Check Payable to Florida Department of State    10.	SIGNATURE .	-							
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees   Make Check Payable to Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  TITLE D MEDARY, MAX B M.D.   Delete   TITLE   OADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  ITTLE D MEDARY, MAX B M.D.   OBJECT   OBJ		Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE	: Registered Agent signature requi	ired when reinstating)	DATE			
Trust Fund Contribution. Added to Fees Florida Department of State    10.	•	***	A Florida Carr						
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CITY-ST-ZIP  CITY-ST-ZIP  12. I hereby certify that the information supplied with the filling does not qualify for the exemption stated in Section 119 07(3(i)). Florida Statutes I further certify that the information			/	CITY-ST-ZIP					

indicated on this report or supplemental report is true and accurage 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: