2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P00000029000

Entity Name: NEUROSURGICAL CONSULTANTS OF FLORIDA, P.A.

Current Principal Place of Business:

10000 W COLONIAL DRIVE
382
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

10000 W COLONIAL DRIVE
382
OCOEE, FL 34761

New Mailing Address:

FEI Number: 59-3641221 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASSON, ROBERT L
10000 W COLONIAL DRIVE
STE 382
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

MASSON, ROBERT L
10000 W COLONIAL DRIVE
STE 382
OCOEE, FL 32761 US

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: 04/29/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: MASSON, ROBERT W M.D.
Address: 10000 W COLONIAL DRIVE STE 382
City-St-Zip: OCOEE, FL 34761

Title: VICE (X) Delete
Name: SUPLER, MITCHELL M.D.
Address: 44 LAKE BEAUTY DRIVE, SUITE 400
City-St-Zip: ORLANDO, FL 32806

Title: SECR (X) Delete
Name: BAILEY, STEVEN M M.D.
Address: 44 LAKE BEAUTY DRIVE, SUITE 400
City-St-Zip: ORLANDO, FL 32806

Title: TREA (X) Delete
Name: ARCARA, STEVEN T
Address: 10000 W COLONIAL DRIVE STE 382
City-St-Zip: ORLANDO, FL 32806

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L MASSON PRES 04/29/2005
Electronic Signature of Signing Officer or Director — Date