


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

05-27-2004 90015 038 ***150.00

DOCUMENT # P0000058210

1. Entity Name
 ORLANDO NEUROSURGERY, P.A.



Principal Place of Business
 1900 N. MILLS AVE.
 102
 ORLANDO, FL 32803

Mailing Address
 1900 N. MILLS AVE.
 102
 ORLANDO, FL 32803



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03122003 Chg-P CR2E034 (10/03)

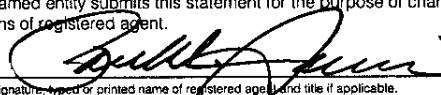
4. FEI Number
 59-3651775 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SAWIN, PAUL D MD
 3319 LAKEVIEW OAKS DRIVE
 LONGWOOD, FL 32779

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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:  DATE: 5/24/04

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAWIN, PAUL D MD 1900 N MILLS AVE 102 ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAKER, CHRISTOPHER J MD 1900 N MILLS AVE 102 ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T LU, WILLIAM Y MD 1900 N. MILLS AV #102 ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JENKINS, JOHNS 1900 N MILLS AVE STE 102 ORLANDO, FL 32803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEHRMANN, DONALD 1900 N MILLS AVE ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate 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 607, 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:  DATE: 5.24.04 DAYTIME PHONE #: 407 894 2362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR