2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000058210

Entity Name: ORLANDO NEUROSURGERY, P.A.

FILED Mar 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1900 N. MILLS AVE. 1605 W. FAIRBANKS 102 WINTER PARK, FL 32789 ORLANDO, FL 32803

Current Mailing Address: New Mailing Address:

1900 N. MILLS AVE. 1605 W. FAIRBANKS AVENUE WINTER PARK, FL 32789 ORLANDO, FL 32803

FEI Number: 59-3651775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SAWIN, PAUL D MD
3319 LAKEVIEW OAKS DRIVE
LONGWOOD, FL 32779 US
SAWIN, PAUL D MD
1605 W. FAIRBANKS AVENUE
WINTER PARK, FL 32789 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: PAUL D. SAWIN, MD 03/29/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: SAWIN, PAUL D MD Name: SAWIN, PAUL D MD

Address: 1900 N MILLS AVE 102 Address: 1605 W. FAIRNBANKS AVENUE
City-St-Zip: ORLANDO, FL 32803 City-St-Zip: WINTER PARK, FL 32789

Title: (X) Change () Addition Title: () Delete BAKER, CHRISTOPHER J MD Name: BAKER, CHRISTOPHER J MD Name: 1900 N MILLS AVE 102 1605 W. FAIRBANKS AVENUE Address: Address: ORLANDO, FL 32803 WINTER PARK, FL 32789 City-St-Zip: City-St-Zip:

Title: S/T () Delete Title: S/T (X) Change () Addition Name: LU, WILLIAM Y MD Name: LU, WILLIAM Y MD

 Address:
 1900 N. MILLS AV #102
 Address:
 1605 W. FAIRBANKS AVENUE

 City-St-Zip:
 ORLANDO, FL 32803
 City-St-Zip:
 WINTER PARK, FL 32789

Title: VΡ () Delete Title: VΡ (X) Change () Addition BEHRMANN, DONALD BEHRMANN, DONALD Name: Name: Address: 1900 N MILLS AVE Address: 1605 W. FAIRBANKS AVENUE City-St-Zip: ORLANDO, FL 32803 City-St-Zip: WINTER PARK, FL 32789

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: PAUL D. SAWIN MD D 03/29/2005