

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000058210

FILED  
Jan 06, 2006  
Secretary of State

Entity Name: ORLANDO NEUROSURGERY, P.A.

**Current Principal Place of Business:**

1605 W. FAIRBANKS  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

1605 W. FAIRBANKS AVENUE  
WINTER PARK, FL 32789

**New Mailing Address:**

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

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

SAWIN, PAUL D MD  
1605 W. FAIRBANKS AVENUE  
WINTER PARK, FL 32789      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SAWIN, PAUL D MD  
Address: 1605 W. FAIRBANKS AVENUE  
City-St-Zip: WINTER PARK, FL 32789

Title: P ( ) Delete  
Name: BAKER, CHRISTOPHER J MD  
Address: 1605 W. FAIRBANKS AVENUE  
City-St-Zip: WINTER PARK, FL 32789

Title: S/T ( ) Delete  
Name: LU, WILLIAM Y MD  
Address: 1605 W. FAIRBANKS AVENUE  
City-St-Zip: WINTER PARK, FL 32789

Title: VP ( ) Delete  
Name: BEHRMANN, DONALD  
Address: 1605 W. FAIRBANKS AVENUE  
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SAWIN, PAUL D MD  
Address: 1605 W. FAIRBANKS AVENUE  
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: BEHRMANN, DONALD MD  
Address: 1605 W. FAIRBANKS AVENUE  
City-St-Zip: WINTER PARK, FL 32789

Title: VP ( ) Change (X) Addition  
Name: MELVIN, FIELD MD  
Address: 1605 W. FAIRBANKS AVENUE  
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 Chapter 119, 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

D

01/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date