

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000058210

FILED
Jan 26, 2010
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 (X)

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

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

Title: TD
Name: LU, WILLIAM Y MD
Address: 1605 W. FAIRBANKS AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: VD
Name: BEHRMANN, DONALD MD
Address: 1605 W. FAIRBANKS AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: VD
Name: FIELD, MELVIN MD
Address: 1605 W. FAIRBANKS AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: VD
Name: FRANK, HELLINGER MD
Address: 1605 W. FAIRBANKS AVENUE
City-St-Zip: WINTER PARK, FL 32789

I hereby 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 all other like empowered.

SIGNATURE: PAUL D. SAWIN, MD

PD

01/26/2010

Electronic Signature of Signing Officer or Director

Date