


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # P00000101628
 1. Entity Name
NEUROSURGICAL ASSOCIATES OF TAMPA BAY, INC.



Principal Place of Business Mailing Address
603 7TH STREET SOUTH SUITE 540 **603 7TH STREET SOUTH SUITE 540**
ST PETERSBURG, FL 33701 **ST PETERSBURG, FL 33701**

DO NOT WRITE IN THIS SPACE



03052008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3681325 Not Applicable

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

6. Name and Address of Current Registered Agent
CLARKE, H. BUSHNELL MD
603 7TH STREET SOUTH SUITE 540
ST PETERSBURG, FL 33701

DO NOT WRITE IN THIS SPACE

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 _____
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
After May 1, 2008 Fee will be \$550.00

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

DATE
04/11/08-80029-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLARKE, H. BUSHNELL MD
STREET ADDRESS	603 7TH STREET SOUTH SUITE 540
CITY-ST-ZIP	ST PETERSBURG, FL 33701
TITLE	D
NAME	STENDEL, THOMAS J MD
STREET ADDRESS	603 7TH STREET SOUTH SUITE 540
CITY-ST-ZIP	ST PETERSBURG, FL 33701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR