

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000101628

FILED
Feb 24, 2012
Secretary of State

Entity Name: NEUROSURGICAL ASSOCIATES OF TAMPA BAY, INC.

Current Principal Place of Business:

603 7TH STREET SOUTH SUITE 540
ST PETERSBURG, FL 33701

New Principal Place of Business:

603 7TH STREET SOUTH
540
ST PETERSBURG, FL 33701

Current Mailing Address:

603 7TH STREET SOUTH SUITE 540
ST PETERSBURG, FL 33701

New Mailing Address:

603 7TH STREET SOUTH
540
ST PETERSBURG, FL 33701

FEI Number: 59-3681325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STENGEL, THOMAS J MD
603 7TH STREET SOUTH SUITE 540
ST PETERSBURG, FL 33701 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

OFFICERS AND DIRECTORS:

Title: D
Name: STENGEL, THOMAS J MD
Address: 603 7TH STREET SOUTH SUITE 540
City-St-Zip: ST PETERSBURG, FL 33701

Title: D
Name: JOBE, KIRK W MD
Address: 603 7TH STREET SOUTH SUITE 540
City-St-Zip: ST PETERSBURG, FL 33701

Title: D
Name: CLARKE, H BUSHNELL MD
Address: 603 7TH STREET SOUTH SUITE 540
City-St-Zip: ST PETERSBURG, FL 33701

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: THOMAS J STENGEL

MD

02/24/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date