

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000080505

FILED
Jul 13, 2010
Secretary of State

Entity Name: ACADEMY OF NEUROSURGICAL PHYSICIANS, INC.

Current Principal Place of Business:

16800 NW 2ND AVE
308
MIAMI, FL 33169

New Principal Place of Business:

1201 SOUTH ANDREWS AVENUE
200
FORT LAUDERDALE, FL 33316

Current Mailing Address:

16800 NW 2ND AVE
308
MIAMI, FL 33169

New Mailing Address:

1201 SOUTH ANDREWS AVENUE
200
FORT LAUDERDALE, FL 33316

FEI Number: 56-2283491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, ANTHONY J
16800 NW 2ND AVE
308
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

HALL, ANTHONY J
1201 SOUTH ANDREWS AVENUE
200
FORT LAUDERDALE, FL 33316 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: ANTHONY J HALL

07/13/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PST
Name: HALL, ANTHONY J
Address: 1201 SOUTH ANDREWS AVENUE, #200
City-St-Zip: FORT LAUDERDALE, FL 33316 US

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: ANTHONY J HALL

P

07/13/2010

Electronic Signature of Signing Officer or Director

Date