2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2012
Secretary of State

DOCUMENT# P03000010959

Entity Name: NEUROSURGICAL ASSOCIATES OF NORTH FLORIDA, INC.

Current Principal Place of Business:

3 SHIRCLIFF WAY, STE. 700
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

3 SHIRCLIFF WAY, STE. 700
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: 33-1041180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZEHMER, JOHN H ESQ
822 A1A NORTH, STE. 315
PONTE VEDRA BEACH, FL 32082 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: ZEAL, ARNOLD A MD
Address: 3 SHIRCLIFF WAY, SUITE 700
City-St-Zip: JACKSONVILLE, FL 32204 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: ARNOLD A ZEAL D 03/21/2012

Electronic Signature of Signing Officer or Director Date