FILED
Jul 13, 2004 8:00 am
Secretary of State

04-26-2004 90470 005 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000064478

1. Entity Name
NORTH BROWARD NUEROSURGERY, INC.

Principal Place of Business
100 E. SAMPLE ROAD,
PAMPANO BEACH, FL 33064

Mailing Address
100 E. SAMPLE ROAD,
PAMPANO BEACH, FL 33064

04152004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
10167 NW 31 St.	
Suite, Apt. #, etc. 201	Suite, Apt. #, etc.
City & State Coral Springs	City & State Florida
Zip 33065 Country	Zip Country

4. FEI Number 43-2018585 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STEVEN R. BALLINGER, P.A.
888 SOUTH ANDREWS AVE.
SUITE 205
FORT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: ______ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE President NAME Richard M FOLTZ STREET ADDRESS ~~100 E Sample Road #300~~ CITY-ST-ZIP ~~Pompano Beach, FL 33064~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition Only offices Address Δ
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 10167 NW 31st #201 CITY-ST-ZIP Coral Springs, FL 33065 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Richard M Foltz MD (Signature and typed or printed name of signing officer or director) 4/22/04 Date 954 757 2224 Daytime Phone #