

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000064478

**FILED**  
**Apr 26, 2007**  
**Secretary of State**

**Entity Name:** NORTH BROWARD NUEROSURGERY, INC.

**Current Principal Place of Business:**

10167 NW 31 ST #201  
POMPANO BEACH, FL 33065

**New Principal Place of Business:**

1 WEST SAMPLE ROAD  
SUITE 106  
DEERFIELD BEACH, FL 33065

**Current Mailing Address:**

100 E. SAMPLE ROAD,  
PAMPANO BEACH, FL 33064

**New Mailing Address:**

1 WEST SAMPLE ROAD  
SUITE 106  
DEERFIELD BEACH, FL 33065

**FEI Number:** 43-2018585

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEVEN R. BALLINGER, P.A.  
888 SOUTH ANDREWS AVE.  
SUITE 205  
FORT LAUDERDALE, FL 33316 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: STEVEN R. BALLINGER, P.A.

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FULTZ, RICAHRD M  
Address: 10167 NW 31 ST #201  
City-St-Zip: POMPANO BEACH, FL 33065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: M.D. (X) Change ( ) Addition  
Name: FOLTZ, RICHARD M  
Address: 1 WEST SAMPLE ROAD  
City-St-Zip: DEERFIELD BEACH, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD M. FOLTZ

M.D.

04/26/2007

Electronic Signature of Signing Officer or Director

Date