

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000111798

FILED
Jan 14, 2008
Secretary of State

Entity Name: PALM BEACH BRAIN AND SPINE SURGERY, P.A.

Current Principal Place of Business:

10115 FOREST HILL BLVD.
SUITE #405
WELLINGTON, FL 33414 US

Current Mailing Address:

10115 FOREST HILL BLVD.
SUITE #405
WELLINGTON, FL 33414 US

New Principal Place of Business:

1397 MEDICAL PARK BLVD.
SUITE 400
WELLINGTON, FL 33414 US

New Mailing Address:

1397 MEDICAL PARK BLVD.
SUITE 400
WELLINGTON, FL 33414 US

FEI Number: 20-1446049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, SARAH
10115 FOREST HILL BLVD.
SUITE #405
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

GONZALEZ, SARAH
1397 MEDICAL PARK BLVD.
SUITE 400
WELLINGTON, FL 33414 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:

01/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DARE, AMOS O M.D.
Address: 651 OKEECHOBEE BLVD #810
City-St-Zip: WEST PALM BEACH, FL 33401 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: AMOS O. DARE

DR.

01/14/2008

Electronic Signature of Signing Officer or Director

Date