

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000053183

FILED
Jan 06, 2006
Secretary of State

Entity Name: NEUROSURGICAL PARTNERS, P.A.

Current Principal Place of Business:

646 VIRGINIA STREET SUITE 600
DUNEDIN, FL 34698

New Principal Place of Business:

646 VIRGINIA STREET
SUITE 600
DUNEDIN, FL 34698

Current Mailing Address:

646 VIRGINIA STREET SUITE 600
DUNEDIN, FL 34698

New Mailing Address:

646 VIRGINIA STREET
SUITE 600
DUNEDIN, FL 34698

FEI Number: 55-0895826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLBASSANI, CHARLES
646 VIRGINIA STREET SUITE 600
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

COLBASSANI, CHARLES J
646 VIRGINIA STREET
SUITE 600
DUNEDIN, FL 34698 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: CHARLES J COLBASSANI

01/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: COLBASSANI, HAROLD J MD
Address: 646 VIRGINIA STREET, SUITE 600
City-St-Zip: DUNEDIN, FL 34698

Title: V P () Change (X) Addition
Name: GOBO, DEAN J MD
Address: 646 VIRGINIA ST, SUITE 600
City-St-Zip: DUNEDIN, FL 34698

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: HAROLD J COLBASSANI

PRES

01/06/2006

Electronic Signature of Signing Officer or Director

Date