2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# P05000053183

Entity Name: NEUROSURGICAL PARTNERS, P.A.

Current Principal Place of Business:

646 VIRGINIA STREET
SUITE 600
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

646 VIRGINIA STREET
SUITE 600
DUNEDIN, FL 34698

New Mailing Address:

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 J
646 VIRGINIA STREET
SUITE 600
DUNEDIN, FL 34698 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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JONATHAN S. HALL DR 05/02/2008

Electronic Signature of Signing Officer or Director — Date