

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000053183

FILED
Jul 27, 2008
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:****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

OFFICERS AND DIRECTORS:**Title:** PRES () Delete
Name: HALL, JONATHAN S MD
Address: 646 VIRGINIA STREET, SUITE 600
City-St-Zip: DUNEDIN, FL 34698**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES (X) Change () 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 M.D.
Address: 646 VIRGINIA ST, STE 600
City-St-Zip: DUNEDIN, FL 34698

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: HAROLD J. COLBASSANI

DR.

07/27/2008

Electronic Signature of Signing Officer or Director

Date