2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

DOCUMENT# P07000046718

Entity Name: NEUROSURGICAL INSTITUTE OF FLORIDA, P.A.

Current Principal Place of Business:

1321 NW14TH STREET
SUITE 605
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

1321 NW14TH STREET
SUITE 605
MIAMI, FL 33125

New Mailing Address:

FEI Number: 20-8862822 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAYA, MARK R
1321 NW 14TH STREET
SUITE 605
MIAMI, FL 33125 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: DR
Name: SHAYA, MARK R MD
Address: 1321 NW 14TH STREET SUITE, 605
City-St-Zip: MIAMI, FL 33125

I hereby 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 all other like empowered.

SIGNATURE: MARK R. SHAYA DR. 01/06/2011

Electronic Signature of Signing Officer or Director — Date