

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000046718

FILED
Feb 09, 2012
Secretary of State

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.

02/09/2012

Electronic Signature of Signing Officer or Director

Date