2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008
Secretary of State

DOCUMENT# P07000114941

Entity Name: JACKSONVILLE NEUROSURGERY, P.A.

Current Principal Place of Business:

8075 GATE PARKWAY WEST
SUITE 202
JACKSONVILLE, FL 32216

New Principal Place of Business:

1007 PROFESSIONAL PARK DRIVE
BRANDON, FL 33511

Current Mailing Address:

8075 GATE PARKWAY WEST
SUITE 202
JACKSONVILLE, FL 32216

New Mailing Address:

1007 PROFESSIONAL PARK DRIVE
BRANDON, FL 33511

FEI Number: 26-1288549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRENNAN, MANNA & DIAMOND, P.L.
THE SUNTRUST BUILDING
76 SOUTH LAURA STREET, SUITE 2110
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

HENKIN, PHILIP M.D.
1007 PROFESSIONAL PARK DRIVE
BRANDON, FL 33511 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: PHILIP HENKIN 05/29/2008
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: D ( ) Delete
Name: HENKIN, PHILIP M.D.
Address: 4514 SWILCAN BRIDGE LANE
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HENKIN, PHILIP M.D.
Address: 602 GUISANDO DE AVILA
City-St-Zip: TAMPA, FL 33613

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: PHILIP HENKIN D 05/29/2008
Electronic Signature of Signing Officer or Director Date