


2005 FOR PROFIT CORPORATION ANNUAL REPORT

4. **FILED**
May 24, 2005 8:00 am
Secretary of State

04-22-2005 90307 039 ***150.00

DOCUMENT # P93000036264 1. Entity Name OCALA NEUROSURGICAL CENTER, INC.	
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Principal Place of Business 1901 SE 18TH AVE BLDG 101 OCALA, FL 34471	Mailing Address 1901 SE 18TH AVE BLDG 101 OCALA, FL 34471
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66018582



01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3178177	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KAPLAN, BARRY J 1901 SE 18TH AVE OCALA, FL 34471

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

-9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DISCLAFANI, ANTONIO II 1901 SE 18TH AVE BLDG 101 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KAPLAN, BARRY J 1901 SE 18TH AVE BLDG 101 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD OLIVER, MARK D 1901 SE 18TH AVE BLDG 101 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-05 352-622-3360
Date Daytime Phone