


FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90106 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000039072

1. Corporation Name

FLORIDA NEUROSURGICAL ASSOCIATES, P.A.

Principal Place of Business

6510 NW 9TH BLVD
 SUITE 2
 GAINESVILLE FL 32605

Mailing Address

6510 NW 9TH BLVD
 SUITE 2
 GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1994

4. FEI Number

59-3241243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 6440 West Newberry Road

Suite, Apt. #, etc.

22 Suite 2

City & State

23 Gainesville, FL Alachua

Zip

24 32605

Country

25 USA

2a. Mailing Address

26 BOX 140764

Suite, Apt. #, etc.

27 Gainesville

City & State

28 Gainesville

Zip

29 32604

Country

30

9. Name and Address of Current Registered Agent

SCOTT, ERIC W
 6510 NW 9TH BLVD
 SUITE 2
 GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 BOX 140764 6440 W. Newberry Rd

84 Suite 401

85 Gainesville FL

32605

86 Zip Code

87 32604

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Jennifer Scott
 Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when installing)
 Date: 1/11/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SCOTT, ERIC W

STREET ADDRESS 6510 NW 9TH BLVD SUITE 2 BOX 140764

CITY-ST-ZIP GAINESVILLE FL 32605 32614

TITLE ☐ DELETE

NAME SCOTT, JENNIFER N

STREET ADDRESS 6510 NW 9TH BLVD SUITE 2 BOX 140764

CITY-ST-ZIP GAINESVILLE FL 32605 32614

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jennifer Scott
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99
 Date Daytime Phone #

CR2E034 (1/1/99)