

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000039072

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA NEUROSURGICAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

6440 WEST NEWBERRY RD  
SUITE 401  
GAINESVILLE, FL 32605 US

**New Principal Place of Business:**

**Current Mailing Address:**

BOX 140764  
GAINESVILLE, FL 32614 US

**New Mailing Address:**

**FEI Number:** 59-3241243

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCOTT, ERIC W  
6440 W. NEWBERRY RD  
STE 401  
GAINESVILLE, FL 32605 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:** P  
**Name:** SCOTT, ERIC W  
**Address:** BOX 140764  
**City-St-Zip:** GAINESVILLE, FL 32614

**Title:** D  
**Name:** SCOTT, JENNIFER N  
**Address:** BOX 140764  
**City-St-Zip:** GAINESVILLE, FL 32614

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:** AUDRA ROSS

MISS

01/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date