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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra H. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000012664 (5)

1. Corporation Name

NEUROLOGICAL SURGERY OF ORLANDO, P.A.



Principal Place of Business

615 E PRINCETON ST #540
ORLANDO FL 32803

Mailing Address

615 E PRINCETON ST #540
ORLANDO FL 32803

2. Principal Place of Business

21

State, Apt. #, etc.

Zip

Country

24

2a. Mailing Address

26

State, Apt. #, etc.

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ANTHONY, ROBERT W
14 E WASHINGTON ST
SUITE 500
ORLANDO FL 32801

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.1505, 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

Signature of Registered Agent (Type name and print name)

Signature of Officer or Director (Type name and print name)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

DPST
POWELL, NEIL G
615 E PRINCETON ST #540
ORLANDO FL 32803

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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NAME

STREET ADDRESS

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

☐ Change ☐ Addition

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