

R MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
**Jan 28, 1999 8:00am**  
**Secretary of State**

01-28-1999 90041 002 \*\*\*150.00

**DOCUMENT # P95000012664**

1. Corporation Name  
**NEUROLOGICAL SURGERY OF ORLANDO, P.A.**

Principal Place of Business

Mailing Address

615 E PRINCETON ST  
 401  
 ORLANDO FL 32803  
 US

615 E PRINCETON ST  
 401  
 ORLANDO FL 32803  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/13/1995**

4. FEI Number

**59-3297283**

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New 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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPST** ☐ DELETE  
 NAME **POWELL, NEIL G**  
 STREET ADDRESS **615 E PRINCETON ST, #401**  
 CITY-ST-ZIP **ORLANDO FL 32803**

1.1 TITLE ☐ Change ☐ Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/11/99 (407) 898-0123**

Date

Daytime Phone #

CR2E034 (11/98)

0091769