

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000004765

FILED
Feb 03, 2004
Secretary of State

Entity Name: FLORIDA PEDIATRIC NEUROSURGERY, INC.

Current Principal Place of Business:

880 6TH STREET SOUTH
SUITE 450
SAINT PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

880 6TH STREET SOUTH, SUITE #450
SAINT PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 59-3369167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUITE, GERALD F M.D.
880 6TH STREET SOUTH, #450
SAINT PETERSBURG, FL 33701 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR. () Delete
Name: TUITE, GERALD MD
Address: 880 SIXTH STREET SOUTH 450
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: DR. () Delete
Name: CAREY, CAROLYN MD
Address: 880 SIXTH STREET SOUTH, SUITE 450
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MS. () Change (X) Addition
Name: KIRKPATRICK, SUSAN
Address: 880 SIXTH STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33701

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN KIRKPATRICK

MS

02/03/2004

Electronic Signature of Signing Officer or Director

_____ Date