2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004
Secretary of State

DOCUMENT# P97000054655

Entity Name: PEDIATRIC NEUROSURGERY, P.A.

Current Principal Place of Business:

58 WEST MICHIGAN ST
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

58 WEST MICHIGAN ST
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-3454344 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERKSON, GARY M
1132 SYMONDS AVE.
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

MORAN, THOMAS P
111 N. ORANGE AVENUE
SUITE 1200
ORLANDO, FL 32801 US

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: THOMAS P. MORAN 04/22/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PATTISAPU, JOSI V
Address: 58 WEST MICHIGAN ST
City-St-Zip: ORLANDO, FL 32806

Title: ST (X) Delete
Name: TRUMBLE, ERIC R
Address: 58 WEST MICHIGAN ST
City-St-Zip: ORLANDO, FL 32806

Title: VD ( ) Delete
Name: GREGG, CHRISTOPHER A
Address: 58 WEST MICHIGAN ST
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: PATTISAPU, JOGI V
Address: 58 WEST MICHIGAN ST
City-St-Zip: ORLANDO, FL 32806

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

Title: VSD (X) Change ( ) Addition
Name: GEGG, CHRISTOPHER A
Address: 58 WEST MICHIGAN ST
City-St-Zip: ORLANDO, FL 32806

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: JOGI PATTISAPU PSD 04/22/2004
Electronic Signature of Signing Officer or Director Date