


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90020 030 ***150.00

DOCUMENT # P97000066685 1. Entity Name NEUROSURGICAL CARE NETWORK, INC.					
Principal Place of Business 18002 RICHMOND PL DRIVE 2915 TAMPA, FL 33647			Mailing Address 18002 RICHMOND PL DRIVE 2915 TAMPA, FL 33647 US		
2. Principal Place of Business 18002 RICHMOND PL DRIVE Suite, Apt. #, etc. 2417 City & State TAMPA, FL Zip 33647		3. Mailing Address 18002 RICHMOND PL DRIVE Suite, Apt. #, etc. 2417 City & State TAMPA, FL Zip 33647		03302004 Chg-P CR2E034 (10/03)	
Country USA		Country USA		4. FEI Number 65-0813856	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STALLER, AILEEN 18002 RICHMOND PLACE DRIVE 2915 2417 TAMPA, FL 33647			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Aileen Staller</i></u> AILEEN STALLER - SECY/TREASURER <u>3/30/2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZORMAN, GREG 1524 S.W. 5TH STREET FT LAUDERDALE, FL 33312		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STALLER, AILEEN 1524 S.W. 5TH STREET FT LAUDERDALE, FL 33312		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 18002 RICHMOND PL DRIVE #2417 TAMPA, FL 33647		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Aileen Staller</i></u> AILEEN STALLER DIRECTOR/SECY-TREAS <u>3/30/2004</u> <u>813-977-5401</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

54025206

