2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 06, 2005 8:00 am
Secretary of State
04-06-2005 90119 016 ***150.00

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DOCUMENT # P97000066685

1. Entity Name
NEUROSURGICAL CARE NETWORK, INC.

Principal Place of Business	Mailing Address
18002 RICHMOND PL DRIVE 2417 TAMPA, FL 33647	18002 RICHMOND PL DRIVE 2417 TAMPA, FL 33647 US

2. Principal Place of Business	3. Mailing Address
10423 CANARY ISLE	10423 CANARY ISLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33647 Country: USA	Zip: 33647 Country: USA

4. FEI Number: 65-0813856 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STALLER, AILEEN 18002 RICHMOND PLACE DRIVE 2915 TAMPA, FL 33647	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 STALLER, AILEEN 18002 RICHMOND PL DRIVE #2417 TAMPA, FL 33647 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 10423 CANARY ISLE TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Aileen Staller / AILEEN STALLER 4/3/05 (813) 986-0426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #