

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90405 006 ***150.00

DOCUMENT # P98000052138

1. Entity Name
ASSOCIATES IN NEUROSURGERY, P.A.



Principal Place of Business

532 VIRGINIA DRIVE
ORLANDO, FL 32803

Mailing Address

1936 LEE ROAD, STE 101
WINTER PARK, FL 32789

50012471



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

450 N. Wymore Road

Suite, Apt. #, etc.

01092006 Chg-P CR2E034 (11/05)

City & State

Winter Park, FL 32789

4. FEI Number
59-3514985

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

W + P SERVICES, INC
1936 LEE ROAD
SUITE 101
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

450 N Wymore Road

City Winter Park

FL

Zip Code
32789

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ST. LOUIS, PHILLIP G MD
STREET ADDRESS 1205 MAYFIELD AVENUE
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE D ☐ Delete
NAME ST LOUIS, PHILLIP G M.D.
STREET ADDRESS 1205 MAYFIELD AVE
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

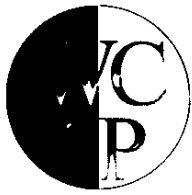
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06

Date

Daytime Phone #



WEBSTER, CHAIRES
& PARTNERS, P.L.

ATTORNEYS AND BUSINESS CONSULTANTS
FLORIDA CIVIL LAW NOTARIES

ATTACHMENT

TRADITIONAL LEGAL SERVICES
COMMON SENSE APPROACH

50012471
#P98000052138

Dawn Bachan-Muckunlall
Paralegal

E-mail: dmuckunlall@wplawyers.com

April 13, 2006

Via Certified Mail - RRR

Uniform Business Report Filings
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Re: Associates in Neurosurgery, P.A. / 2006 Uniform Business Report

Ladies and Gentlemen:

Enclosed with this letter is the 2006 Uniform Business Report for the above referenced corporation. Also enclosed is check #3611 in the amount of \$150.00 for the filing of same.

Please contact our office if you have any questions.

Sincerely,

Dawn Bachan-Muckunlall
Paralegal

Enclosures