

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000010217

FILED
Jul 11, 2003
Secretary of State

Entity Name: NEUROSURGERY OF CENTRAL FLORIDA, P.A.

Current Principal Place of Business:

615 EAST PRINCETON STREET
SUITE 412
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

615 EAST PRINCETON STREET
SUITE 412
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-3553236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUMPHRIES, J. GREGORY
300 SOUTH ORANGE AVENUE
SUITE 1000
ORLANDO, FL 32801 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: PSTD () Delete
Name: MCMORROW, CHRISTIE
Address: 615 E PRINCETON STREET, SUITE 412
City-St-Zip: ORLANDO, FL 328031469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CHRISTIE M. MCMORROW

PSTD

07/11/2003

Electronic Signature of Signing Officer or Director

Date