

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000073840

FILED  
Jul 08, 2004  
Secretary of State

Entity Name: NEUROSURGERY ASSOCIATES, P.A.

## Current Principal Place of Business:

32615 U.S. HWY. 19 N., SUITE 5  
PALM HARBOR, FL 34684

## New Principal Place of Business:

646 VIRGINIA STREET  
SUITE 600  
DUNEDIN, FL 34698 US

## Current Mailing Address:

32615 U.S. HWY. 19 N., SUITE 5  
PALM HARBOR, FL 34684

## New Mailing Address:

646 VIRGINIA STREET  
SUITE 600  
DUNEDIN, FL 34698 US

FEI Number: 59-3593649

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQUIRE  
1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756 US

## Name and Address of New Registered Agent:

COLBASSANI, CHARLES J  
646 VIRGINIA STREET  
SUITE 600  
DUNEDIN, FL 34698 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: CHARLES J COLBASSANI

07/08/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COLBASSANI, HAROLD J  
Address: 32615 U.S. HWY. 19 N., SUITE 5  
City-St-Zip: PALM HARBOR, FL 34684

Title: VPD ( ) Delete  
Name: WEBER, JED P  
Address: 32615 U.S. HWY. 19 N., SUITE 5  
City-St-Zip: PALM HARBOR, FL 34684

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR (X) Change ( ) Addition  
Name: COLBASSANI, HAROLD J  
Address: 646 VIRGINIA STREET, STE 600  
City-St-Zip: DUNEDIN, FL 34698 US

Title: MGR (X) Change ( ) Addition  
Name: GOBO, DEAN J MD  
Address: 646 VIRGINIA STREET, STE 600  
City-St-Zip: DUNEDIN, FL 34698 US

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: HAROLD J COLBASSANI, MD

MGR

07/08/2004

Electronic Signature of Signing Officer or Director

Date