

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000106269	
1. Entity Name NORTH FLORIDA NEUROSURGERY MSO, INC.	

Principal Place of Business 6510 N.W. 9TH BLVD., STE. 1 GAINESVILLE FL 32605	Mailing Address 6510 N.W. 9TH BLVD., STE. 1 GAINESVILLE FL 32605
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-3612027		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CAUTHEN, JOSEPH C 6510 NW 9TH BLVD STE 1 GAINESVILLE FL 32605		7. Name and Address of New Registered Agent 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	NOTE: Registered Agent signature required when registering	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	PTD CAUTHEN, JOSEPH C M.D. 6510 N.W. 9TH BLVD., STE. 1 GAINESVILLE FL 32605 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000934187 05/23/08-80023-001 150.00
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 exemptions contained in Section 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: *Joseph C. Caughen* **JOSEPH C CAUGHEN** 04/23/08 352 336-0811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR