

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 576758

**Entity Name:** THE NEUROSURGICAL GROUP - TIPPETT, CHAPLEAU & GIOVANINI, M.D.'S, P.A.

**FILED**  
**Mar 08, 2013**  
**Secretary of State**  
**CC1288459438**

**Current Principal Place of Business:**

1717 NORTH E STREET  
SUITE 422  
PENSACOLA, FL 32501

**Current Mailing Address:**

1717 NORTH E STREET  
SUITE 422  
PENSACOLA, FL 32501 US

**FEI Number: 59-1803268**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

HART, ROBERT DJR  
125 WEST ROMANA ST  
SUITE 800  
PENSACOLA, FL 32502 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name TIPPETT, TROY MM.D.  
Address 1717 NORTH E. ST. SUITE 422  
City-State-Zip: PENSACOLA FL 32501

Title DST  
Name CHAPLEAU, CHARLES EM.D.  
Address 1717 NORTH E. ST. SUITE 422  
City-State-Zip: PENSACOLA FL 32501

Title DVP  
Name GIOVANINI, MARK AM.D.  
Address 1717 NORTH E. ST. SUITE 422  
City-State-Zip: PENSACOLA FL 32501

*I hereby 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 all other like empowered.*

**SIGNATURE: TROY M. TIPPETT, M.D.**

**PRESIDENT-DIRECTOR**

**03/08/2013**

Electronic Signature of Signing Officer/Director Detail

Date