

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000013712

**Entity Name:** SPACE COAST NEUROSURGERY, P.A.

**Current Principal Place of Business:**

2263 W NEW HAVEN AVE #108  
W MELBOURNE, FL 32904

**Current Mailing Address:**

2263 W NEW HAVEN AVE #108  
W MELBOURNE, FL 32904

**FEI Number:** 45-4492110

**Certificate of Status Desired:** No

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

COHN, BENNETT S  
1229-B NORTH DIXIE HWY  
LAKE WORTH BEACH, FL 33460 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 P  
Name SMITH, AARON D.O.  
Address 384-1 PRESTWICK CIR  
City-State-Zip: PALM BEACH GARDENS FL 33418

*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:** AARON M. SMITH

PRESIDENT

03/28/2022

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date