

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 485144 1. Entity Name WEST COAST CHILD NEUROLOGY ASSOCIATES, P.A.	
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Principal Place of Business 5106 N ARMENIA AVE, STE 5 TAMPA, FL 33603	Mailing Address 5106 N ARMENIA AVE, STE 5 TAMPA, FL 33603
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DO NOT WRITE IN THIS SPACE



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1621373	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUNDERMAN, J RICHARD 5106 N ARMENIA, STE 5 TAMPA, FL 33603

**DO NOT WRITE
IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GUNDERMAN, J RICHARD 5106 N. ARMENIA AVE. #5 TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SWANK, RALPH L 4520 N ARMENIA AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUGGINO, G S 3109 SWANN AVENUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUNDERMAN, RICHARD 5106 N. ARMENIA AVE. #5 TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000361944
05/05/05-80097-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/28/05/813879781 Date Daytime Phone #
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