

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K56591** (6)
1. Corporation Name
TAMPA NEUROLOGY ASSOCIATES, P.A.

Principal Place of Business
**2919 SWANN AVE. STE 401
TAMPA FL 33609**

Mailing Address
**2919 SWANN AVE. STE 401
TAMPA FL 33609**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/06/1989	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2919747		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	28 Country	29 Zip		30 Country	
24		25		26	

9. Name and Address of Current Registered Agent KALISH, WILLIAM 4100 BARNETT PLAZA 101 EAST KENNEDY BOULEVARD TAMPA FL 33602		10. Name and Address of New Registered Agent	
		81 Name Rugg, Joseph	
		82 Street Address (P.O. Box Number is Not Acceptable) 201 N. Franklin St.	
		83 Ste 2100	
		84 City Tampa FL 85 Zip Code 33602	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Joseph Rugg* DATE **1/30/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SERGAY, STEPHEN M., M.D.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2919 SWANN AVE #401	1.2 NAME	
STREET ADDRESS	TAMPA FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	DVS STEEN, SUSAN J., M.D.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2919 SWANN AVE #401	2.2 NAME	
STREET ADDRESS	TAMPA FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	PAS SERGAY, STEPHEN M., M.D.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2919 SWANN AVE #401	3.2 NAME	
STREET ADDRESS	TAMPA FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	AS STEEN, SUSAN J., M.D.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2919 SWANN AVE #401	4.2 NAME	
STREET ADDRESS	TAMPA FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: *Stephen M. Sergay* DATE: **1/31/98** **813-872-1548**

CR2E034 (10/97)