

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000051072

Entity Name: BAPTIST NEUROLOGY, INC.

FILED  
Apr 22, 2011  
Secretary of State

**Current Principal Place of Business:**

3563 PHILIPS HIGHWAY  
BUILDING A, SUITE 101  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

841 PRUDENTIAL DRIVE  
SUITE 1802  
JACKSONVILLE, FL 32207

**New Mailing Address:**

FEI Number: 26-2665620      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GRANGER, HARVEY  
841 PRUDENTIAL DR STE 1802  
JACKSONVILLE, FL 32207      US

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

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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: WILBANKS, JOHN F  
Address: 841 PRUDENTIAL DRIVE, SUITE 1802  
City-St-Zip: JACKSONVILLE, FL 32207

Title: DV  
Name: MALLY, EARL B  
Address: 3563 PHILIPS HWY., BLDG. A, SUITE 101  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D  
Name: GAMA, CARLOS H M.D.  
Address: 3563 PHILIPS HWY., BLDG. A, SUITE 101  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D  
Name: ORR, SEAN C M.D.  
Address: 3563 PHILIPS HWY., BLDG. A, SUITE 101  
City-St-Zip: JACKSONVILLE, FL 32207

Title: V  
Name: MENGEL, LEEANN  
Address: 3563 PHILIPS HWY., BLDG. A., SUITE 101  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D  
Name: SNYDER, THOMAS M.D.  
Address: 3563 PHILIPS HWY., BLDG. A, SUITE 101  
City-St-Zip: JACKSONVILLE, FL 32207

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: EARL B. MALLY

VP

04/22/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date