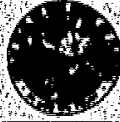


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 19 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S22950** (7)

1. Corporation Name
NEUROLOGY & NEUROSURGERY ASSOCIATES, P.A.

Principal Place of Business Mailing Address
50 S.E. 2ND STREET WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/01/1991** 3a. Date of Last Report **04/08/1994**

| | | | |
|--------------------------------|-------------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 59-3041048 | Applied For <input type="checkbox"/> Not Applicable |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 22. City & State | 27. City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 23. Zip Country | 28. Zip Country | 9. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24. Zip Country | 29. Zip Country | | |

| | | | |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| SUMMERLIN, ROY C. 148 AVENUE B, N.W. WINTER HAVEN FL 33881 | | 81. Name | |
| | | 82. Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83. City | |
| | | 84. City FL 85. Zip Code | |

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|--|
| TITLE D President | NAME BRACKETT, THOMAS O. | 1.1 TITLE Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 50 S.E. 2ND STREET WINTER HAVEN FL | CITY-ST-ZIP WINTER HAVEN FL 33880 | 1.2 NAME Juan L. Joy | |
| TITLE D Vice President | NAME GARCIA, RICHARD M. | 1.3 STREET ADDRESS 50 2nd St SE | |
| STREET ADDRESS 50 S.E. 2ND STREET WINTER HAVEN FL | CITY-ST-ZIP WINTER HAVEN FL 33880 | 1.4 CITY-ST-ZIP Winter Haven, FL 33880 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D Treasurer/Secretary | NAME SUSAC, JOHN O. | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 50 S.E. 2ND STREET WINTER HAVEN FL | CITY-ST-ZIP WINTER HAVEN FL 33880 | 2.2 NAME | |
| TITLE D - Vice President | NAME BELLEARRIGUE, ROBERTO B | 2.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 50 S.E. 2ND STREET WINTER HAVEN FL | CITY-ST-ZIP WINTER HAVEN FL 33880 | 2.4 CITY-ST-ZIP | |
| TITLE D Vice President | NAME AMANN, JOHN C. | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 50 2ND ST., SE WINTER HAVEN FL | CITY-ST-ZIP WINTER HAVEN FL 33880 | 3.2 NAME | |
| TITLE Vice President | NAME T. Richard Northing | 3.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 50 2nd St SE Winter Haven, FL 33880 | CITY-ST-ZIP Winter Haven, FL 33880 | 3.4 CITY-ST-ZIP | |
| TITLE | NAME | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | 4.2 NAME | |
| TITLE | NAME | 4.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | 4.4 CITY-ST-ZIP | |
| TITLE | NAME | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | 5.2 NAME | |
| TITLE | NAME | 5.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | 5.4 CITY-ST-ZIP | |
| TITLE | NAME | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | 6.2 NAME | |
| TITLE | NAME | 6.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 member 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 attachment thereto.

SIGNATURE: *J. Brackett* **4-17-95** **813 293-2107**
SIGNATURE AND TYPE IN PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Date) (Type Here)