

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S22950 (7)**  
1. Corporation Name  
**NEUROLOGY & NEUROSURGERY ASSOCIATES, P.A.**



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

3. Date Incorporated or Qualified: **01/01/1991**  
3a. Date of Last Report: **04/19/1995**  
4. FEI Number: **59-3041048**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc  
22 City & State  
23 Zip  
24 Country  
25  
2a. Mailing Address  
26 Suite, Apt. #, etc  
27 City & State  
28 Zip  
29 Country  
30

9. Name and Address of Current Registered Agent  
**SUMMERLIN, ROY C.  
146 AVENUE B, N.W.  
WINTER HAVEN FL 33881**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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

Signature type for printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP JOY, JUAN L	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOY, JUAN L	1.2 NAME	
STREET ADDRESS	50 S.E. 2ND STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	1.4 CITY - ST - ZIP	
TITLE	DVP GARCIA, RICHARD M.	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, RICHARD M.	2.2 NAME	President Garcia Richard M.
STREET ADDRESS	50 S.E. 2ND STREET	2.3 STREET ADDRESS	50 2nd St SE
CITY - ST - ZIP	WINTER HAVEN FL	2.4 CITY - ST - ZIP	Winter Haven, FL 33880
TITLE	DTS SUSAC, JOHN O.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAC, JOHN O.	3.2 NAME	
STREET ADDRESS	50 S.E. 2ND STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	3.4 CITY - ST - ZIP	
TITLE	DVP BELLEGARRIGUE, ROBERTO B	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLEGARRIGUE, ROBERTO B	4.2 NAME	
STREET ADDRESS	50 S.E. 2ND STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	4.4 CITY - ST - ZIP	
TITLE	VPD AMANN, JOHN C.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMANN, JOHN C.	5.2 NAME	
STREET ADDRESS	50 2ND ST., SE	5.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	5.4 CITY - ST - ZIP	
TITLE	VP HOOTLER, T. R	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOTLER, T. R	6.2 NAME	VP HOOTLER T. Richard
STREET ADDRESS	50 2ND ST SE	6.3 STREET ADDRESS	50 2nd St SE
CITY - ST - ZIP	WINTER HAVEN FL	6.4 CITY - ST - ZIP	Winter Haven

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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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6596 7412932107  
DATE: 06-12-96

CR2E034 (3/96)