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FILED
Mar 16 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 # 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/01/1991	
21	22	26	27	4. FEI Number 59-3041048	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	25	28	29	30
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOY, JUAN L	1.2 NAME	Sanders, James L. Jr.
STREET ADDRESS	50 S.E. 2ND STREET	1.3 STREET ADDRESS	50 2nd St SE
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	Winter Haven FL 33880
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	GARCIA, RICHARD M.	2.2 NAME	
STREET ADDRESS	50 S.E. 2ND STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	2.4 CITY-ST-ZIP	
TITLE	DTS <input type="checkbox"/> DELETE	3.1 TITLE	
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 <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
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 <input type="checkbox"/> DELETE	5.1 TITLE	
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 <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	HOSTLER, RICHARD T	6.2 NAME	
STREET ADDRESS	50 2ND ST SE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	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 in an attachment with an address.

SIGNATURE: John O. Susac M.D. 3-11-98 941 293-2107

CR2E034 (10/97)