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**Mar 05, 1999 8:00 am**  
**Secretary of State**

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **S22950**

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/01/1991**

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 owes the current year Intangible Personal Property Tax:  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: \_\_\_\_\_ **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>VP</b> <input type="checkbox"/> DELETE	NAME: <b>JOY, JUAN L</b>	1.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>50 S.E. 2ND STREET</b>	CITY-ST-ZIP: <b>WINTER HAVEN FL</b>	1.2 NAME: _____	
		1.3 STREET ADDRESS: _____	
		1.4 CITY-ST-ZIP: _____	
TITLE: <b>P</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>GARCIA, RICHARD M.</b>	2.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>50 S.E. 2ND STREET</b>	CITY-ST-ZIP: <b>WINTER HAVEN FL 33880</b>	2.2 NAME: _____	
		2.3 STREET ADDRESS: _____	
		2.4 CITY-ST-ZIP: _____	
TITLE: <b>DTS</b> <input type="checkbox"/> DELETE	NAME: <b>SUSAC, JOHN O.</b>	3.1 TITLE: <b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>50 S.E. 2ND STREET</b>	CITY-ST-ZIP: <b>WINTER HAVEN FL</b>	3.2 NAME: _____	
		3.3 STREET ADDRESS: _____	
		3.4 CITY-ST-ZIP: _____	
TITLE: <b>VP</b> <input type="checkbox"/> DELETE	NAME: <b>SANDERS, JAMES L JR</b>	4.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>50 2ND ST. SE</b>	CITY-ST-ZIP: <b>WINTER HAVEN FL 33880</b>	4.2 NAME: _____	
		4.3 STREET ADDRESS: _____	
		4.4 CITY-ST-ZIP: _____	
TITLE: <b>VPD</b> <input type="checkbox"/> DELETE	NAME: <b>AMANN, JOHN C.</b>	5.1 TITLE: <b>Secretary/Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>50 2ND ST., SE</b>	CITY-ST-ZIP: <b>WINTER HAVEN FL</b>	5.2 NAME: _____	
		5.3 STREET ADDRESS: _____	
		5.4 CITY-ST-ZIP: _____	
TITLE: <b>VP</b> <input type="checkbox"/> DELETE	NAME: <b>HOSTLER, RICHARD T</b>	6.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>50 2ND ST SE</b>	CITY-ST-ZIP: <b>WINTER HAVEN FL</b>	6.2 NAME: _____	
		6.3 STREET ADDRESS: _____	
		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 attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **2/23/99** DAYTIME PHONE #: **941 293-2107**

CR2E034 (1/98)