20.01 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # \$22950

FILED May 15, 2001 8:00 am

1. Entity Name NEUROLOGY & NEUROSURGERY ASSOCIATES, P.A.				05-15-2001 90185 003 ***150.00	05-15-2001 90185 003 ***150.00		
Principal Place of Business 0 S.E. 2ND STREET /INTER HAVEN FL 33880		Mailing Address 50 S.E. 2ND STREET WINTER HAVEN FL 33880		UUU52/45			
2. Principal I	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			ı		
		-		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 59-3041048 Applied Fo Not Applied			
Zip	Country	Zip	Country	5. Certificate of Status Desired			
	6. Name and Address of Current	Pegistered Agent	<u> </u>	7. Name and Address of New Registered Agent			
			Name				
SUMMERLÍN, ROY C. 146 AVENUE B, N.W.			Street A	Street Address (P.O. Box Number is Not Acceptable)			
WINTER HAVEN FL 33881							
			City	FL Zip Code			
				or registered agent, or both, in the State of Florida.			
Tax filing	Signature, typed or printed name of registered agent oration is éligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW	!!! FEE.IS \$150. 001 Fee will be \$!	\$550.00 Trust Fund Contribution Added to Fees			
 11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOY, JUAN L 50 S.E. 2ND STREET WINTER HAVEN FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John M. Tanner Change A Add	ition		
TITLE NAME STREET ADDRESS	P SUSAC, JOHN O. 50 S.E. 2ND STREET	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addi	ition		
OTY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP	WINTER HAVEN FL VP SANDERS, JAMES L JR 50 2ND ST. SE WINTER HAVEN FL 33880	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	itíon		
ITLE JAME STREET ADDRESS CITY-ST-ZIP	ST AMANN, JOHN C. 50 2ND ST., SE WINTER HAVEN FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	ition		
ITLE IAME STREET ADDRESS- DITY-ST-ZIP	VP HOSTLER, RICHARD T -50-2ND ST SE WINTER HAVEN FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP-	☐ Change ☐ Addi	ítion		
ITLE IAME ITREET ADDRESS	VP BRENNAN, WILLIAM A 50 2 STREET SE WINTER HAVEN FL 33880	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addit	tion		

13. 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 report or supplemental 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 this tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: