
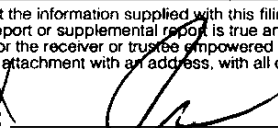


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90018 047 ***158.75

DOCUMENT # S22950					
1. Entity 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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3041048	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BANNIZA, DEBORAH 50 2ND ST SE WINTER HAVEN, FL 33880				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOY, JUAN L		NAME	Rajaram, Shailesh	
STREET ADDRESS	50 S.E. 2ND STREET		STREET ADDRESS	50 2nd St SE	
CITY-ST-ZIP	WINTER HAVEN, FL		CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	P	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAC, JOHN O.		NAME	Dubey, Weeraj	
STREET ADDRESS	50 S.E. 2ND STREET		STREET ADDRESS	50 2nd St SE	
CITY-ST-ZIP	WINTER HAVEN, FL		CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDERS, JAMES L JR		NAME	Delgado, Alain	
STREET ADDRESS	50 2ND ST. SE		STREET ADDRESS	50 2nd St SE	
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMANN, JOHN C.		NAME		
STREET ADDRESS	50 2ND ST., SE		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSTLER, RICHARD T		NAME		
STREET ADDRESS	50 2ND ST SE		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPANELLI, MICHAEL		NAME		
STREET ADDRESS	50 2ND STREET SE		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		John O. Susac, M.D.		7-7-06 863 293-2107	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	