


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90011 022 \*\*\*150.00

<b>DOCUMENT # S22950</b>			
1. Entity Name <b>NEUROLOGY &amp; NEUROSURGERY ASSOCIATES, P.A.</b>			
Principal Place of Business <b>50 S.E. 2ND STREET WINTER HAVEN, FL 33880</b>		Mailing Address <b>50 S.E. 2ND STREET WINTER HAVEN, FL 33880</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>BANNIZA, DEBORAH</b> <b>50 2ND ST SE</b> <b>WINTER HAVEN, FL 33880</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOY, JUAN L 50 S.E. 2ND STREET WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Shailosh Rajguru 50 2nd St SE Winter Haven, FL 33880 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUSAC, JOHN O. 50 S.E. 2ND STREET WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Alain Delgado 50 2nd St SE Winter Haven, FL 33880 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANDERS, JAMES L JR 50 2ND ST. SE WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AMANN, JOHN C. 50 2ND ST., SE WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOSTLER, RICHARD T 50 2ND ST SE WINTER HAVEN, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMPANELLI, MICHAEL 50 2ND STREET SE WINTER HAVEN, FL 33880 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



02272007 Chg-P CR2E034 (12/06)

4. FEI Number **59-3041048** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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. 3-23-07 863 293-2107  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #