

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S22950

FILED
Mar 25, 2009
Secretary of State

Entity Name: NEUROLOGY & NEUROSURGERY ASSOCIATES, P.A.

Current Principal Place of Business:

50 S.E. 2ND STREET
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

50 S.E. 2ND STREET
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 59-3041048 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANNIZA, DEBORAH
50 2ND ST SE
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: JOY, JUAN L
Address: 50 S.E. 2ND STREET
City-St-Zip: WINTER HAVEN, FL 33880

Title: P () Delete
Name: SUSAC, JOHN O.,
Address: 50 S.E. 2ND STREET
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP () Delete
Name: MIRANDA, FERNANDO
Address: 50 2ND ST. SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: ST () Delete
Name: AMANN, JOHN C.
Address: 50 2ND ST., SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP () Delete
Name: HOSTLER, RICHARD T
Address: 50 2ND ST SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP () Delete
Name: DELGADO, ALAIN
Address: 50 2ND STREET SE
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH BANNIZA

RA

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date