2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S22950

FILED Mar 31, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BANNIZA, DEBORAH 50 2ND ST SE

WINTER HAVEN, FL 33880 US

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

 Name:
 JOY, JUAN L

 Address:
 50 S.E. 2ND STREET

 City-St-Zip:
 WINTER HAVEN, FL 33880

Title: F

 Name:
 SUSAC, JOHN O.

 Address:
 50 S.E. 2ND STREET

 City-St-Zip:
 WINTER HAVEN, FL 33880

Title: VP

Name: MIRANDA, FERNANDO Address: 50 2ND ST. SE

City-St-Zip: WINTER HAVEN, FL 33880

Title: ST

Name: AMANN, JOHN C. Address: 50 2ND ST., SE

City-St-Zip: WINTER HAVEN, FL 33880

Title: VP

Name: HOSTLER, RICHARD T Address: 50 2ND ST SE

City-St-Zip: WINTER HAVEN, FL 33880

Title: VP

 Name:
 DELGADO, ALAIN

 Address:
 50 2ND STREET SE

 City-St-Zip:
 WINTER HAVEN, FL 33880

I hereby 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 all other like empowered.

SIGNATURE: DEBORAH BANNIZA ADM 03/31/2010