

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S22950

FILED
Feb 18, 2011
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

OFFICERS AND DIRECTORS:

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

Title: P
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: JOHN C. AMANN, M.D.

SEC

02/18/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date