

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S22950

FILED  
Feb 14, 2012  
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: DEBORAH BANNIZA

ADM

02/14/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date