

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90132 019 ***150.00

DOCUMENT # S22950
1. Entity Name
NEUROLOGY & NEUROSURGERY ASSOCIATES, P.A.



Principal Place of Business
**50 S.E. 2ND STREET
WINTER HAVEN FL 33880**

Mailing Address
**50 S.E. 2ND STREET
WINTER HAVEN FL 33880**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3041048

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BANNER, DEBORAH
50 2ND ST SE
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent
Name **Banniza, Deborah**
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 *[Signature]* DATE **3/19/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	JOY, JUAN L.	
STREET ADDRESS	50 S.E. 2ND STREET	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SUSAC, JOHN O.	
STREET ADDRESS	50 S.E. 2ND STREET	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SANDERS, JAMES L JR	
STREET ADDRESS	50 2ND ST. SE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	ST	<input type="checkbox"/> Delete
NAME	AMANN, JOHN C.	
STREET ADDRESS	50 2ND ST., SE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOSTLER, RICHARD T	
STREET ADDRESS	50 2ND ST SE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRENNAN, WILLIAM A	
STREET ADDRESS	50 2 STREET SE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tanner John M	
STREET ADDRESS	50 2nd St SE	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rajguru, Shailesh	
STREET ADDRESS	50 2nd St SE	
CITY-ST-ZIP	Winter Haven - FL - 33880	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Campanelli Michael A,	
STREET ADDRESS	1325 Lakeland Hills Blvd	
CITY-ST-ZIP	Lakeland, FL 33805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-19-03** Daytime Phone # **863 293-2107**

CR2E094 (10/02)