

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K56591

Entity Name: TAMPA NEUROLOGY ASSOCIATES, P.A.**Current Principal Place of Business:**2919 SWANN AVE, STE 401
TAMPA, FL 33609**Current Mailing Address:**2919 SWANN AVE, STE 401
TAMPA, FL 33609**FEI Number: 59-2919747****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CORPDIRECT AGENTS, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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**Officer/Director Detail :**

Title	D
Name	SERGAY, STEPHEN M DR
Address	2919 SWANN AVE #401
City-State-Zip:	TAMPA FL 33609

Title	DVS
Name	STEEN, SUSAN J DR
Address	2919 SWANN AVE #401
City-State-Zip:	TAMPA FL 33609

Title	DIRECTOR
Name	CASCIONE, MARK M.D.
Address	2919 SWANN AVE #401
City-State-Zip:	TAMPA FL

Title	DIRECTOR
Name	REDDY, SUNIL S DR
Address	2919 SWANN VENUE SUITE 401
City-State-Zip:	TAMPA FL 33609

Title	DIRECTOR
Name	VALDEZ ARROYO, SHERLEY R DR
Address	2919 SWANN AVENUE SUITE 401
City-State-Zip:	TAMPA FL 33609

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: STEPHEN M. SERGAY M.D.**MD****01/08/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date