

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000051072

Entity Name: BAPTIST NEUROLOGY, INC.

Current Principal Place of Business:

841 PRUDENTIAL DRIVE
SUITE 1410
JACKSONVILLE, FL 32207

Current Mailing Address:

841 PRUDENTIAL DRIVE
SUITE 1802
JACKSONVILLE, FL 32207 US

FEI Number: 26-2665620

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAITY, G. SCOTT
841 PRUDENTIAL DR STE 1802
JACKSONVILLE, FL 32207 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: G. SCOTT BAITY

04/08/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name GROOVER, TIMOTHY MD
Address 841 PRUDENTIAL DRIVE, SUITE 1601
City-State-Zip: JACKSONVILLE FL 32207

Title SECRETARY
Name BAITY, G. SCOTT
Address 841 PRUDENTIAL DRIVE
SUITE 1802
City-State-Zip: JACKSONVILLE FL 32207

Title TREASURER, VP
Name TICKELL, KEITH
Address 841 PRUDENTIAL DRIVE
SUITE 1602
City-State-Zip: JACKSONVILLE FL 32207

Title PRESIDENT, DIRECTOR
Name MAYO, MICHAEL
Address 841 PRUDENTIAL AVE.
SUITE 1601
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR, VP
Name ZUINO, MATTHEW A
Address 841 PRUDENTIAL DR.
SUITE 1601
City-State-Zip: JACKSONVILLE FL 32207

Title VP
Name GORAK, EDWARD DO
Address 841 PRUDENTIAL DR.
SUITE 1802
City-State-Zip: JACKSONVILLE FL 32207

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: G. SCOTT BAITY, ESQ.

SECRETARY

04/08/2024

Electronic Signature of Signing Officer/Director Detail

Date