## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000051072

Entity Name: BAPTIST NEUROLOGY, INC.

**Current Principal Place of Business:** 

3563 PHILIPS HIGHWAY BUILDING A, SUITE 101 JACKSONVILLE, FL 32207

## **Current Mailing Address:**

841 PRUDENTIAL DRIVE SUITE 1802 JACKSONVILLE, FL 32207

FEI Number: 26-2665620 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

GRANGER, HARVEY 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:

Electronic Signature of Registered Agent

Date

FILED Apr 28, 2015

**Secretary of State** 

CC3849099281

Officer/Director Detail:

Title DP Title DV

Name WILBANKS, JOHN F Name MALLY, EARL B

Address 841 PRUDENTIAL DRIVE, SUITE 1601 Address 3563 PHILIPS HWY., BLDG. A, SUITE

101

841 PRUDENTIAL DRIVE SUITE 1601

City-State-Zip: JACKSONVILLE FL 32207

City-State-Zip: JACKSONVILLE FL 32207

Title D

Title DV Name GAMA, CARLOS HM.D.

Address 3563 PHILIPS HWY., BLDG. A, SUITE

101

City-State-Zip: JACKSONVILLE FL 32207 City-State-Zip: JACKSONVILLE FL 32207

Title DV Title D

Name MENGEL, LEEANN Name SNYDER, THOMAS M.D.

Address 3563 PHILIPS HWY., BLDG. A., SUITE Address 3563 PHILIPS HWY., BLDG. A, SUITE

Address

101

City-State-Zip: JACKSONVILLE FL 32207 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: EDWARD SIM VICE PRESIDENT

04/28/2015 Date