

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S22950

Entity Name: NEUROLOGY & NEUROSURGERY ASSOCIATES, P.A.

Current Principal Place of Business:

50 S.E. 2ND STREET
WINTER HAVEN, FL 33880

Current Mailing Address:

50 S.E. 2ND STREET
WINTER HAVEN, FL 33880

FEI Number: 59-3041048

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BANNIZA, DEBORAH
50 2ND ST SE
WINTER HAVEN, FL 33880 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 VP
Name JOY, JUAN L
Address 50 S.E. 2ND STREET
City-State-Zip: WINTER HAVEN FL 33880

Title PRESIDENT
Name MIRANDA, FERNANDO
Address 50 2ND ST. SE
City-State-Zip: WINTER HAVEN FL 33880

Title ST
Name AMANN, JOHN C.
Address 50 2ND ST., SE
City-State-Zip: WINTER HAVEN FL 33880

Title VP
Name HOSTLER, RICHARD T
Address 50 2ND ST SE
City-State-Zip: WINTER HAVEN FL 33880

Title VP
Name DELGADO, ALAIN
Address 50 2ND STREET SE
City-State-Zip: WINTER HAVEN FL 33880

Title VP
Name SHAILESH RAJGURU,D.O.
Address 50 S.E. 2ND STREET
City-State-Zip: WINTER HAVEN FL 33880

Title VP
Name BURRY, MATTHEW M.D.
Address 50 S.E. 2ND STREET
City-State-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

ADMINISTRATOR

04/06/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date