

**2023 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: Yes**

**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 SECRETARY  
Name AMANN, JOHN C.  
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 LUGO, MARESA  
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: JOHN C. AMANN**

**SECRETARY**

**03/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date