FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 22 1997 8:00am
Secretary of State

DOCUMENT # **600099** **(6)**

1. Corporation Name
LYERLY NEUROSURGICAL ASSOCIATES, P.A.

Principal Place of Business
2545 RIVERSIDE AVENUE
JACKSONVILLE FL 32204

Mailing Address
2545 RIVERSIDE AVENUE
JACKSONVILLE FL 32204-4743

3. Date Incorporated or Qualified: **01/02/1962**
3a. Date of Last Report: **04/30/1996**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **59-0946107** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
ACOSTA-RUA, GASTON, M.D.
2545 RIVERSIDE AVE
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent
81 Name: Paulo Monteiro, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 2545 Riverside Ave.
83
84 City: Jacksonville FL 85 Zip Code: 32204

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE X Paulo Monteiro
Signature (Type for printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	ACOSTA-RUA, GASTON	
STREET ADDRESS	2545 RIVERSIDE AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	☐ DELETE
NAME	ZEAL, ARNOLD	
STREET ADDRESS	836 PRUDENTIAL DRIVE #1105	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	☐ DELETE
NAME	HAWKINS, JOHN	
STREET ADDRESS	2545 RIVERSIDE AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	M	☐ DELETE
NAME	MONTEIRO, PAULO	
STREET ADDRESS	2545 RIVERSIDE AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	President/Director	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Paulo Monteiro Paulo Monteiro 1/14/97 904-388-6516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #