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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

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

Principal Place of Business	Mailing Address
2545 RIVERSIDE AVENUE **JACKSONVILLE FL 32204**	**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 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc. 27 City & State 28 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 607.1506, 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 accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ACOSTA-RUA, GASTON		1.2 NAME		
STREET ADDRESS	2545 RIVERSIDE AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ZEAL, ARNOLD		2.2 NAME		
STREET ADDRESS	836 PRUDENTIAL DRIVE #1105		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HAWKINS, JOHN		3.2 NAME		
STREET ADDRESS	2545 RIVERSIDE AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	M	☐ DELETE	4.1 TITLE	President/Director	☒ Change ☐ Addition
NAME	MONTEIRO, PAULO		4.2 NAME		
STREET ADDRESS	2545 RIVERSIDE AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 #