

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90010 030 ***150.00

DOCUMENT # 600099

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1962

4. FEI Number

59-0946107

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 2119 Oak Street

2a. Mailing Address

26 Same as #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Jacksonville, FL

27 City & State

28 Jacksonville, FL

24 Zip

32204

Country

29 Zip

30 32204

Country

9. Name and Address of Current Registered Agent

MONTEIRO, PAULO M.D.

~~2545 RIVERSIDE AVE~~

JACKSONVILLE FL 32204

2119 Oak Street

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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~~ 2119 Oak Street
CITY-ST-ZIP JACKSONVILLE FL

TITLE PD ☐ DELETE
NAME MONTEIRO, PAULO
STREET ADDRESS 2545 RIVERSIDE AVENUE 2119 Oak Street
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME POWELL, RANDELL G
STREET ADDRESS 836 PRUDENTIAL DRIVE #1105
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME GARCIA-BENGOCHEA, JAVIER
STREET ADDRESS 2545 RIVERSIDE AVENUE 2119 Oak Street
CITY-ST-ZIP JACKSONVILLE FL

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 ☐ 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

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)