

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
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90299 050 ***150.00

DOCUMENT # 600534

1. Corporation Name

NORMAN, FLATEN, TODD AND HAMMOND NEUROLOGIC CONS
ULTANTS, P.A.

Principal Place of Business

CONSULTANTS, P.A.
1841 NE 45TH STREET
FORT LAUDERDALE FL 33308

Mailing Address

CONSULTANTS, P.A.
1841 NE 45TH STREET
FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1968

4. FEI Number

59-1224054

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 owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FLATEN, PAUL
1841 N E 45TH ST
FORT LAUDERDALE FL 33308

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 DV ☐ DELETE

NAME HAMMOND, THOMAS
STREET ADDRESS 2921 NE 46TH ST.
CITY-ST-ZIP LIGHTHOUSE PT FL

TITLE DV ☐ DELETE

NAME TODD, H. MURRAY
STREET ADDRESS 3701 N.E. 24 AVENUE
CITY-ST-ZIP LIGHTHOUSE PT, FL 00000

TITLE D ☐ DELETE

NAME HARRIS, JONATHAN
STREET ADDRESS 3761 NW 99TH AVE
CITY-ST-ZIP CORAL SPRINGS FL

TITLE DPC ☐ DELETE

NAME FLATEN, PAUL
STREET ADDRESS 2357 NE 30TH COURT
CITY-ST-ZIP LIGHTHOUSE PT FL

TITLE DS ☐ DELETE

NAME SWERDLOFF, MARC
STREET ADDRESS 5012 CHARDONNARY DR
CITY-ST-ZIP CORAL SPRINGS FL

TITLE DT ☐ DELETE

NAME TARRAS, SETH
STREET ADDRESS 1443 NW 127TH WAY
CITY-ST-ZIP CORAL SPRINGS FL

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

VICE-PRESIDENT
H. MURRAY TODD

4/14/99

(954) 942-9997

Date

Daytime Phone #

CR2E034 (1/1/98)