FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:28

DOCUMENT # **602005** **(1)**

1. Corporation Name
TALLAHASSEE NEUROLOGICAL CLINIC, P.A.

Principal Place of Business	Mailing Address
1401 CENTERVILLE RD. STE 300 TALLAHASSEE FL 32308	1401 CENTERVILLE RD. STE 300 TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/16/1970**
3a. Date of Last Report: **03/17/1994**

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: **59-1286000** ☐ 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

VOGTER, DANA M
1401 CENTERVILLE RD
STE 300
TALLAHASSEE FL 32308

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MARTIN, J. TRUE 1401 CENTERVILLE RD,#300 TALLAHASSEE FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS VOGTER, DANA M 1401 CENTERVILLE RD,#300 TALLAHASSEE FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VROOM, FREDERIC Q. 1401 CENTERVILLE RD,#300 TALLAHASSEE FL	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☑ Change ☐ Addition Retired and sold all interest in clinic
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☑ Addition DV AYALA, RICARDO 1401 Centerville Rd #300 Tallahassee FL 32308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☑ Addition DT ORTIZ, WINSTON 1401 Centerville Rd #300 Tallahassee FL 32308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: ✓ _____ 3-30-95 (904)877-5115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087488 CP