

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90020 034 ***150.00

0051669

DOCUMENT # 602005

1. Corporation Name

TALLAHASSEE NEUROLOGICAL CLINIC, P.A.

Principal Place of Business

1401 CENTERVILLE RD. STE 300
TALLAHASSEE FL 32308

Mailing Address

1401 CENTERVILLE RD. STE 300
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1970

4. FEI Number

59-1286000

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

J. True Martin, M.D.

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

1401 Centerville Rd.

83

Suite 300

84 City

Tallahassee

FL

85 Zip Code
32308

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.

J. True Martin M.D. President

1-8-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME MARTIN, J. TRUE
STREET ADDRESS 1401 CENTERVILLE RD, #300
CITY-ST-ZIP TALLAHASSEE FL

TITLE PD ☒ DELETE
NAME VOGTER, DANA M
STREET ADDRESS 1401 CENTERVILLE RD, #300
CITY-ST-ZIP TALLAHASSEE FL

TITLE DV ☐ DELETE
NAME AYALA, RICARDO
STREET ADDRESS 1401 CENTERVILLE ROAD, #300
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE
NAME ORTIZ, WINSTON
STREET ADDRESS 1401 CENTERVILLE RD #300
CITY-ST-ZIP TALLAHASSEE FL

TITLE STD ☐ DELETE
NAME CUFFE, MARK J
STREET ADDRESS 1401 CENTERVILLE ROAD STE 300
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Director ☒ 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 #

1-8-99 (850) 877-5115

CR2E034 (11/98)