

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602005

FILED  
Jan 12, 2004  
Secretary of State

**Entity Name:** TALLAHASSEE NEUROLOGICAL CLINIC, P.A.

**Current Principal Place of Business:**

1401 CENTERVILLE RD, STE 300  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1401 CENTERVILLE RD, STE 300  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:** 59-1286000

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTIN, J TRUE M.D.  
1401 CENTERVILLE RD  
STE 300  
TALLAHASSEE, FL 32308

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MARTIN, J. TRUE  
Address: 1401 CENTERVILLE RD, #300  
City-St-Zip: TALLAHASSEE, FL

Title: DV ( ) Delete  
Name: AYALA, RICARDO  
Address: 1401 CENTERVILLE ROAD, #300  
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete  
Name: ORTIZ, WINSTON  
Address: 1401 CENTERVILLE RD #300  
City-St-Zip: TALLAHASSEE, FL

Title: STD ( ) Delete  
Name: CUFFE, MARK J  
Address: 1401 CENTERVILLE RD, STE., 300  
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD ( ) Delete  
Name: RUMANA, CHRISTOPHER S  
Address: 1401 CENTERVILLE RD., STE., 300  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNY H. CROWLEY

DIR

01/12/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date