

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 602005

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



FILED

08 AUG -7 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1401 CENTERVILLE RD,
STE 300
TALLAHASSEE, FL 32308

Mailing Address
1401 CENTERVILLE RD,
STE 300
TALLAHASSEE, FL 32308

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

07112008 Chg-P CR2E034 (12/06)

City & State
Zip Country

City & State
Zip Country

4. FEI Number
59-1286000

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, JAMES T MD	
STREET ADDRESS	1401 CENTERVILLE RD #300	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	DV	<input type="checkbox"/> Delete
NAME	AYALA, RICARDO MD	
STREET ADDRESS	1401 CENTERVILLE ROAD, #300	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ORTIZ, WINSTON MD	
STREET ADDRESS	1401 CENTERVILLE RD #300	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CUFFE, MARK J MD	
STREET ADDRESS	1401 CENTERVILLE RD, STE., 300	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	DP	<input type="checkbox"/> Delete
NAME	RUMANA, CHRISTOPHER S MD	
STREET ADDRESS	1401 CENTERVILLE RD., STE., 300	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	VILDAN, MULLIN MD	
STREET ADDRESS	1401 CENTERVILLE RD #300	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DaSILVA, LEONARD D., M.D.	
STREET ADDRESS	1401 CENTERVILLE RD #300	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FUHRMEISTER, JOSHUA E., M.D.	
STREET ADDRESS	1401 CENTERVILLE RD #300	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, ALBERT S., M.D.	
STREET ADDRESS	1401 CENTERVILLE RD #300	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400134461134	
STREET ADDRESS	08/14/08--01011--026 **70.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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 # _____

7/28/08