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May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 603348

(4)

1. Corporation Name  
NEUROLOGICAL ASSOCIATES, P.A.



Principal Place of Business

GRINDAL AND PROBST, M.D.'S. P.A.  
1888 HILLVIEW STREET  
SARASOTA FL 34239

Mailing Address

GRINDAL AND PROBST, M.D.'S. P.A.  
1888 HILLVIEW STREET  
SARASOTA FL 34239-3605

3. Date Incorporated or Qualified  
01/18/1972

3a. Date of Last Report  
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-1381471

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

PADER, STEPHEN C., M.D. PRESIDENT  
1888 HILLVIEW STREET  
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name  
Kasscieh, V. Daniel, D.O., President  
82 Street Address (P.O. Box Number is Not Acceptable)  
1888 Hillview Street  
83  
84 City  
Sarasota FL 85 Zip Code  
34239

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 this 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

4/30/97

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	NORRELL, HORACE JR.	
STREET ADDRESS	1888 HILLVIEW ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRINDAL, ALAN B.	
STREET ADDRESS	1888 HILLVIEW ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PROBST, THEODORE G.	
STREET ADDRESS	1888 HILLVIEW ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SONSTEIN, FREDRIC M.	
STREET ADDRESS	1888 HILLVIEW STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KASSICIEH, V. DANIEL	
STREET ADDRESS	1888 HILLVIEW STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Director
2.3 STREET ADDRESS	Grindal, Alan B.
2.4 CITY-ST-ZIP	1888 Hillview Street
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Director
3.3 STREET ADDRESS	Sonstein, Fredric M.
3.4 CITY-ST-ZIP	1888 Hillview Street
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Director
4.3 STREET ADDRESS	Sonstein, Fredric M.
4.4 CITY-ST-ZIP	1888 Hillview Street
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Vice-President
6.3 STREET ADDRESS	Mayer, Peter L.
6.4 CITY-ST-ZIP	1888 Hillview Street

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0504, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V. Daniel Kasscieh, D.O. 4/18/97

Date

Daytime Phone #

CR2E034 (9/96)