FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **714344** **(9)**

1. Corporation Name
THE FLORIDA SOCIETY OF NEUROLOGY, INC.

Principal Place of Business	Mailing Address
1811 WYCLIFF DR ORLANDO FL 32803 US	P O BOX 536544 ORLANDO FL 32185 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/28/1968**
3a. Date of Last Report: **04/19/1994**
4. FEI Number: **51-0199459** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WILKES, SHELBURN
1811 WYCLIFF DR
ORLANDO FL 32803

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	CASTELLANOS, AGUSTIN M.	12 NAME	
STREET ADDRESS	3365 BURNS RD STE 206	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	14 CITY-ST-ZIP	
TITLE	ED	21 TITLE	☐ Change ☐ Addition
NAME	WILKES, SHELBURN	22 NAME	
STREET ADDRESS	1811 WYCLIFF DR	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WINNER, PAUL K.	32 NAME	
STREET ADDRESS	5205 GREENWOOD AVE	33 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, THOMAS G	42 NAME	
STREET ADDRESS	1317 OAK ST	43 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BROWN, JEFFREY B. M.D	52 NAME	
STREET ADDRESS	3365 BURNS RD STE 206	53 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	RESNICK, TREVOR J. M.D.	62 NAME	
STREET ADDRESS	6125 S. W. 31ST ST	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shelburn Wilkes 4/27/95 407/898-1695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)

0034781