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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32853-6544 US

3. Date Incorporated or Qualified: **03/28/1968**
3a. Date of Last Report: **05/01/1996**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILKES, SHELBURN 1811 WYCLIFF DR ORLANDO FL 32803	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☐ Change ☐ Addition
NAME	PAUL K. WINNER, D. O.		1.2 NAME	Paul K. Winner, D.O.	
STREET ADDRESS	5205 GREENWOOD AVENUE, #200		1.3 STREET ADDRESS	5205 Greenwood Avenue	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	West Palm Beach, FL	
TITLE	ED	☐ DELETE	2.1 TITLE	ED	☐ Change ☐ Addition
NAME	WILKES, SHELBURN		2.2 NAME	Shelburn Wilkes	
STREET ADDRESS	1811 WYCLIFF DR		2.3 STREET ADDRESS	1811 Wycliff Drive	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Orlando, FL	
TITLE	D	☐ DELETE	3.1 TITLE	S	☐ Change ☐ Addition
NAME	WINNER, PAUL K.		3.2 NAME	Luis Bello, M.D.	
STREET ADDRESS	5205 GREENWOOD AVE		3.3 STREET ADDRESS	5205 Greenwood AVenue	
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP	~~West Palm BEach, FL~~	
TITLE	D	☐ DELETE	4.1 TITLE	VP	☐ Change ☐ Addition
NAME	HOFFMAN, THOMAS G		4.2 NAME	Thomas G. Hoffman, M.D.	
STREET ADDRESS	1317 OAK ST		4.3 STREET ADDRESS	1317 Oak Street	
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP	~~Melbourne, FL~~	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	BROWN, JEFFREY B. M.D		5.2 NAME	Kamel Elzawahry, M.D.	
STREET ADDRESS	3365 BURNS RD STE 208		5.3 STREET ADDRESS	748 Harrison Avenue	
CITY-ST-ZIP	PALM BEACH GARDENS FL		5.4 CITY-ST-ZIP	~~Panama City, FL~~	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☐ Addition
NAME	RESNICK, TREVOR J. M.D.		6.2 NAME	Agustin Castellanos, M.D.	
STREET ADDRESS	6125 S. W. 31ST ST		6.3 STREET ADDRESS	3365 Burns Road	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	~~Palm Beach Gardens, FL~~	

CR2E037 (9/96)

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

SIGNATURE: SIGNATURE REQUIRED 4/26/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0017921