FILE NOW: FILING FEE IS $61.25

FILED
Apr 09, 1999 8:00 am
Secretary of State
04-09-1999 90029 029 ****61.25

0018499

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **714344**

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

311535 - 90029 - 29

Principal Place of Business	Mailing Address
1811 WYCLIFF DR ORLANDO FL 32803 US	P O BOX 536544 ORLANDO FL ~~32803~~ 32853-6544 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/28/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 51-0199459 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 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	☐ Change ☐ Addition
NAME	PAUL K. WINNER, D. O.		1.2 NAME	
STREET ADDRESS	5205 GREENWOOD AVENUE, #200		1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	
TITLE	ED	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILKES, SHELBURN		2.2 NAME	
STREET ADDRESS	1811 WYCLIFF DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BELLO, LUIS M		3.2 NAME	
STREET ADDRESS	5205 GREENWOD AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, THOMAS G M.D.		4.2 NAME	
STREET ADDRESS	1317 OAK ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ELZAWAHRY, KAMEL M		5.2 NAME	
STREET ADDRESS	748 HARRISON AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CASTELLANOS, AGUSTIN M		6.2 NAME	
STREET ADDRESS	3365 BURNS RD.		6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDESN FL		6.4 CITY-ST-ZIP	

CR2E037 (1/1/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/5/99 407/898-1695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #