

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714344

1. Entity Name

THE FLORIDA SOCIETY OF NEUROLOGY, INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90111 015 ****61.25

Principal Place of Business

1811 WYCLIFF DR
ORLANDO FL 32803
US

Mailing Address

P O BOX 536544
ORLANDO FL 32853-6544
US

761636



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0199459

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WILKES, SHELburn
1811 WYCLIFF DR
ORLANDO FL 32803

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME PAUL K. WINNER, D. O.
STREET ADDRESS 5205 GREENWOOD AVENUE, #200
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ED
NAME WILKES, SHELburn
STREET ADDRESS 1811 WYCLIFF DR
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MATE, LASZLO J
STREET ADDRESS 927- 45TH ST.
CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME HOFFMAN, THOMAS G M.D.
STREET ADDRESS 1317 OAK ST
CITY-ST-ZIP MELBOURNE FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ELZAWAHRY, KAMEL M
STREET ADDRESS 748 HARRISON AVE.
CITY-ST-ZIP PANAMA CITY FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 617, 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 REQUIRED

4/25/01

Date

401/898-163

Daytime Phone #

CR2E037 (10/00)