2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State
02-13-2002 90102 010 ****61.25

DOCUMENT # 714344

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2402 Lisenby Avenue Suite, Apt. #, etc.	2402 Lisenby Avenue Suite, Apt. #, etc.
City & State: Panama City FL	City & State: Panama City, FL
Zip: 32405 Country: USA	Zip: 32405 Country: USA

4. FEI Number 51-0199459 ☐ Applied For ☐ Not Applicable

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: Kamel Elzawahry Street Address (P.O. Box Number is Not Acceptable): 2202 State Avenue, Suite 201 City: Panama City FL Zip Code: 32405

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: president 1/24/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P PAUL K. WINNER, D. O. 5205 GREENWOOD AVENUE, #200 WEST PALM BEACH FL	☑ Delete	P Kamel Elzawahry, MD 2202 State Ave., Suite 201 Panama City, FL 32405	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED WILKES, SHELBURN 1811 WYCLIFF DR ORLANDO FL	☑ Delete	ED Nancy Sabatini 2402 Lisenby Avenue Panama City, FL 32405	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATE, LASZLO J 927- 45TH ST. WEST PALM BEACH FL 33407	☐ Delete	T Laszlo J. Mate 927 45th Street, Suite 105 West Palm Bch, FL 33407	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HOFFMAN, THOMAS G M.D. 1317 OAK ST MELBOURNE FL	☑ Delete	VP Selim Benbadis, MD Harbourside Medical Tower, 4 Columbia Dr. #730 Tampa, FL 33606	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELZAWAHRY, KAMEL M 748 HARRISON AVE. PANAMA CITY FL	☑ Delete	S Paul Winner, DO 5205 Greenwood Avenue, Suite 200 West Palm Bch, FL 33407	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition

CR2E037 (9/01)

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 president 1/24/02 (850)7639515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #