2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 714344

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

Principal Place of Business	Mailing Address
2402 LISENBY AVE PANAMA CITY, FL 32405 US	2402 LISENBY AVE PANAMA CITY, FL 32405 US

05012004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

KAMEL, ELZAWAHRY
2202 STATE AVE STE 201
PANAMA CITY, FL 32405

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KAMEL, ELZAWAHRY MD
STREET ADDRESS	2202 STATE AVE STE 201
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	ED
NAME	NANCY, SABATINI
STREET ADDRESS	2402 LISENBY AVE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	D
NAME	MATE, LASZLO J
STREET ADDRESS	927- 45TH ST.
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	T
NAME	LASZLO, MATE
STREET ADDRESS	927 45TH STREET STE 105
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407
TITLE	VP
NAME	SELIM, BENBADIS
STREET ADDRESS	4 COLUMBIA DR #730
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	S
NAME	PAUL, WINNER
STREET ADDRESS	5205 GREENWOOD AVE STE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33407

U00000154010
05/04/04-80149-024 61.25

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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: Nancy L. Sabatini, executive director 4/30/04 8507695 15
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #