# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**
**Jan 02, 2007**
**Secretary of State**

DOCUMENT# 714344

**Entity Name:** THE FLORIDA SOCIETY OF NEUROLOGY, INC.

**Current Principal Place of Business:**

2402 LISENBY AVE
PANAMA CITY, FL 32405 US

**New Principal Place of Business:**

**Current Mailing Address:**

2402 LISENBY AVE
PANAMA CITY, FL 32405 US

**New Mailing Address:**

**FEI Number: 51-0199459** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: KAMEL ELZAWAHRY, MD
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | P | ( ) Delete |
| Name: | KAMEL, ELZAWAHRY MD | |
| Address: | 2202 STATE AVE STE 201 | |
| City-St-Zip: | PANAMA CITY, FL 32405 | |
| Title: | ED | ( ) Delete |
| Name: | NANCY, SABATINI | |
| Address: | 2402 LISENBY AVE | |
| City-St-Zip: | PANAMA CITY, FL 32405 | |
| Title: | D | ( ) Delete |
| Name: | MATE, LASZLO J | |
| Address: | 927- 45TH ST. | |
| City-St-Zip: | WEST PALM BEACH, FL 33407 | |
| Title: | T | ( ) Delete |
| Name: | LASZLO, MATE | |
| Address: | 927 45TH STREET STE 105 | |
| City-St-Zip: | PANAMA CITY BEACH, FL 32407 | |
| Title: | VP | ( ) Delete |
| Name: | SELIM, BENBADIS | |
| Address: | 4 COLUMBIA DR #730 | |
| City-St-Zip: | TAMPA, FL 33606 | |
| Title: | S | ( ) Delete |
| Name: | PAUL, WINNER | |
| Address: | 5205 GREENWOOD AVE STE 200 | |
| City-St-Zip: | WEST PALM BEACH, FL 33407 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY SABATINI ED 01/02/2007
Electronic Signature of Signing Officer or Director — Date