2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State
05-01-2008 90214 019 ****70.00

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

04252008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4316 (NW) 21st Terrace	P.O. Box 140966
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gainesville, FL	City & State: Gainesville, FL
Zip: 32605 Country: US	Zip: 32604 Country: US

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
KAMEL, ELZAWAHRY 2202 STATE AVE STE 201 PANAMA CITY, FL 32405	Name: Mark Klafter, D.O. Street Address (P.O. Box Number is Not Acceptable): 3849 Oakwater Circle City: Orlando FL Zip Code: 32806

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: Mark Klafter, D.O. 4/28/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required by law) (Date)

Filing Fee is $61.25
Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KAMEL, ELZAWAHRY MD 2202 STATE AVE STE 201 PANAMA CITY, FL 32405	☑ Delete	P Mark Klafter, D.O. 3849 Oakwater Circle Orlando, FL 32806	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED NANCY, SABATINI 2402 LISENBY AVE PANAMA CITY, FL 32405	☑ Delete	ED Jennifer Shipley 4316 NW 21st Terrace Gainesville FL 32605	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATE, LASZLO J 927- 45TH ST. WEST PALM BEACH, FL 33407	☑ Delete	VP Hubert H. Fernandez, MD 100 S. Newell Dr., Room L3-100 Gainesville, FL 32610	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LASZLO, MATE 927 45TH STREET STE 105 PANAMA CITY BEACH, FL 32407	☑ Delete	T Glen Finney, MD 100 S. Newell Drive, Room L3-100 Gainesville, FL 32611	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SELIM, BENBADIS 4 COLUMBIA DR #730 TAMPA, FL 33606	☑ Delete	S Gabriella Gerstle, MD 10151 Enterprise Center Blvd., Suite 104 Boyton Beach, FL 33437	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PAUL, WINNER 5205 GREENWOOD AVE STE 200 WEST PALM BEACH, FL 33407	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jennifer Shipley Jennifer Shipley 4/28/08 352-273-5549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #