2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2009
Secretary of State

DOCUMENT# 714344

Entity Name: THE FLORIDA SOCIETY OF NEUROLOGY, INC.

Current Principal Place of Business:

4316 NW 21ST TERR
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

POB 14096
GAINESVILLE, FL 32604 US

New Mailing Address:

FEI Number: 51-0199459 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

KLAFTER, MARK DO
3849 OAKWATER CIR
ORLANDO, FL 32806 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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	KLAFTER, MARK DO	
Address:	3849 OAKWATER CIR	
City-St-Zip:	ORLANDO, FL 32806	
Title:	ED	( ) Delete
Name:	SHIPLEY, JENNIFER	
Address:	4316 NW 21ST TERR	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	VP	( ) Delete
Name:	FERNANDEZ, HUBERT H MD	
Address:	100 S NOWELL DR RM 63-100	
City-St-Zip:	GAINESVILLE, FL 32611	
Title:	T	( ) Delete
Name:	FINNEY, GLEN MD	
Address:	100 S NEWELL DR RM 63-100	
City-St-Zip:	GAINESVILLE, FL 32611	
Title:	S	( ) Delete
Name:	GERSTLE, GABRIELLE MD	
Address:	10151 ENTERPRISE CTR BLVD STE 104	
City-St-Zip:	BOYNTON BEACH, FL 33437	

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:	

I hereby certify that the information supplied with this filing does not qualify 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: JENNIFER SHIPLEY ED 05/13/2009

Electronic Signature of Signing Officer or Director — Date