2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2011
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 ( )**

Name and Address of Current Registered Agent:

FERNANDEZ, HUBERT H MD
100 S NEWELL DRIVE, ROOM L3-100
GAINESVILLE, FL 32610 US

Name and Address of New Registered Agent:

KANTOR, DANIEL MD
6 FAIRFIELD BLVD.
SUITE 11, AZALEA OFFICE PARK
PONTE VEDRA, FL 32082 US

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: DANIEL KANTOR 01/04/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: KANTOR, DANIEL MD
Address: 6 FAIRFIELD BLVD, SUITE 11, AZALEA OFFICE
City-St-Zip: PONTE VEDRA, FL 32082

Title: ED
Name: SHIPLEY, JENNIFER
Address: 4316 NW 21ST TERR
City-St-Zip: GAINESVILLE, FL 32605

Title: S
Name: FINNEY, GLENN MD
Address: 100 S NEWELL DR RM L3-100
City-St-Zip: GAINESVILLE, FL 32611

Title: T
Name: GALVEZ-JIMINEZ, NESTOR MD
Address: 2950 CLEVELAND CLINIC BLVD.
City-St-Zip: WESTON, FL 33331

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER SHIPLEY ED 01/04/2011
Electronic Signature of Signing Officer or Director Date