

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H54529** (3)
1. Corporation Name
NEUROLOGY ASSOCIATES OF LEE COUNTY, M.D., P.A.



Principal Place of Business Mailing Address
3661 CENTRAL AVENUE **3661 CENTRAL AVENUE**
FORT MYERS FL 33901 **FORT MYERS FL 33901**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/01/1985	3a. Date of Last Report 03/31/1995
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc	4. FEI Number 59-2521857		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

STEINMETZ, EDWARD F.
3661 CENTRAL AVENUE
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	STEINMETZ, EDWARD F.	12 NAME	
STREET ADDRESS	3661 CENTRAL AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	
NAME	BONNETTE, HARRIS L.	22 NAME	
STREET ADDRESS	3661 CENTRAL AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	
NAME	NEWLAND, DOUGLAS A.	32 NAME	
STREET ADDRESS	3661 CENTRAL AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

E. Steinmetz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/96 941 939-2412
Date Daytime Phone #

CR2E034 (3/96)