FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 90772 031 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H54529 1. Entity Name NEUROLOGY ASSOCIATES OF LEE COUNTY, M.D., P.A.						1801000					
Principal Place of 3661 CENTRAL FORT MYERS, FL	avenue-	Mailing Address 3661 CENTRAL AVENUE — FORT MYERS, FL 33901—			14018320						
2. Principal Place		3. Mailing Address SAME									
Suite, Apt. #, e		Suite, Apt. #, etc.				04302004	Chg-P	CR2E	E034 (10/03)		
	RS FL)	City & State			_	4. FEI Num 59-25	ber 21857		⊢ ———	optied For	
Zip Country 33919 US		Zip	Countr				te of Status Des	ired 🗆	\$8.75 Add	ditional	
Name and Address of Current Registered Agent				Name		7. Name ar	d Address of I	New Registered	l Agent		
STEINMETZ, EDWARD [*] F. 3 661 CENTRAL AVENUE					tress (P	O. Box Num	her is Not Acce	ntable)	- '	: :	
	S, FL 33901	, -				s (P.O. Box Number is Not Acceptable)					
	-	Cin.			COLLEGE PARKWAY #201 MYERS FL Zio Code 33919 3						
The above named entity submits this statement for the purpose of changing its registered the obligations of recistered agent.							ioth, in the State	of Florida. I an	n familiar with,	and accept	
SIGNATURE											
Signature, typed originated name of registered agent and title if applicable. (NOTE: Registered Agent agrutture required when reinstating) CATE											
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10. OFFICERS AND DIRECTORS 11.				·		ADDITION	CHANGES TO	OFFICERS AN	D DIRECTOR	 S IN 11	
	PD A Delete TITLE								Change	Addition	
, ,					B200.	COLLE	GE~PARKV	VAY-#201		ĺ	
1 1 7 7					FORT	MYERS	FL 339:	19/		ļ	
TITLE" D		☐ Delete	TITLE		-				Change	Addition	
1	BONNETTE, HARRIS L. NAME 3661 CENTRAL AVE. STREE			E ET ADORESS	8200 COLLEGE PARKWAY #201						
	FORT MYERS, FL				\ \frac{1}{2}						
TITLE	☐ Delete TITLE								Change	Addition	
NAME STREET ADDRESS			NAME	ET ADDRESS							
CATY-ST-ZIP			•	-ST-ZIP						Ì	
IUTE	*************************************	☐ Delete	TITLE						☐ Change	☐ Addition	
NAME			NAME								
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NAME		,	NAME]	
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NAME CTOSET ADDRESS			NAME	J							
STREET ADDRESS CITY-ST-28P			1	ET ADDRESS ST-ZIP						1	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report of supplied entry in the same legal effect as if made under oath; that I am an officer or director of the corporation or that requires trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block to or Block 11 if changed, or on an attachment with any other sections.											
SIGNATURE: 4 27 04 239/939-2412											