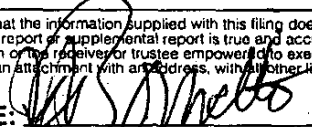


FILED
May 03, 2004 8:00 am
Secretary of State

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.			
Principal Place of Business 3661 CENTRAL AVENUE FORT MYERS, FL 33901		Mailing Address 3661 CENTRAL AVENUE FORT MYERS, FL 33901	
2. Principal Place of Business 8200 COLLEGE PARKWAY Suite, Apt. #, etc. #201		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State FORT MYERS FL		City & State	
Zip 33919	Country US	Zip	Country
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		4. FEI Number 59-2521857 Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent STEINMETZ, EDWARD F. 3661 CENTRAL AVENUE FORT MYERS, FL 33901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8200 COLLEGE PARKWAY #201 City FORT MYERS FL Zip Code 33919	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004, Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEINMETZ, EDWARD F. 3661 CENTRAL AVE. FORT MYERS, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8200 COLLEGE PARKWAY #201 FORT MYERS FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONNETTE, HARRIS L. 3661 CENTRAL AVE. FORT MYERS, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8200 COLLEGE PARKWAY #201 FORT MYERS FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 exemption stated in Section 119.07(3)(i), 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 607, 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: 		Date 4/27/04 Daytime Phone # 239 439-2412	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			