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May 03, 2004 8:00 am
Secretary of State

05-03-2004 90772 031 ***150.00

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04302004 Chg-P CR2E034 (10/03)

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H54529

1. Entity Name
NEUROLOGY ASSOCIATES OF LEE COUNTY, M.D., P.A.

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

2. Principal Place of Business: 8200 COLLEGE PARKWAY	3. Mailing Address: SAME		
Suite, Apt. #, etc.: #201	Suite, Apt. #, etc.		
City & State: FORT MYERS FL	City & State	4. FEI Number: 59-2521857	☐ Applied For ☐ Not Applicable
Zip: 33919 — Country: US	Zip — Country	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEINMETZ, EDWARD F. ~~3661 CENTRAL AVENUE~~ FORT MYERS, FL ~~33901~~	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 $550.00

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	8200 COLLEGE PARKWAY #201 FORT MYERS FL 33919	☒ Change ☐ Addition
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	8200 COLLEGE PARKWAY #201 FORT MYERS FL 33919	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] ✓ 4/27/04 239/939-2412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #