2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90551 032 ***150.00

DOCUMENT # H54529

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

Principal Place of Business	Mailing Address
8200 COLLEGE PARKWAY, #201 FORT MYERS, FL 33919	~~3661 CENTRAL AVENUE~~ ~~FORT MYERS, FL 33901~~

04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		8200 COLLEGE PARKWAY #201	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FORT MYERS FL	
Zip	Country	Zip 33919	Country

4. FEI Number: 59-2521857 ☐ Applied For ☐ Not Applicable

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. 8200 COLLEGE PARKWAY, #201 FORT MYERS, FL 33919	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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. 8200 COLLEGE PARKWAY, #201 FORT MYERS, FL 33919	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONNETTE, HARRIS L. 8200 COLLEGE PARKWAY, #201 FORT MYERS, FL 33919	☐ 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: Edward F. Steinmetz MD 4/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #