

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J54672

FILED
Apr 13, 2004
Secretary of State

Entity Name: FLORIDA NEUROLOGY GROUP, P.A.

Current Principal Place of Business:

12670 WHITEHALL DRIVE
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12670 WHITEHALL DRIVE
SUITE 201
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 59-2761277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLIN, LANE R., M.D.
12670 WHITEHALL DR
FORT MYERS, FL 33987 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: CARLIN, LANE R.,
Address: 12670 WHITEHALL DR.
City-St-Zip: FORT MYERS, FL 33907

Title: VS () Delete
Name: DRISCOLL, PAUL,
Address: 12670 WHITEHALL DRIVE
City-St-Zip: FORT MYERS, FL 33907

Title: V () Delete
Name: DIAZ, CHRISTINE M
Address: 12670 WHITEHALL DRIVE
City-St-Zip: FORT MYERS, FL 33907

Title: V () Delete
Name: CARRACINO, WILLIAM JR
Address: 12670 WHITEHALL DRIVE
City-St-Zip: FORT MYERS, FL 33907

Title: V () Delete
Name: MARINO, CHRIS
Address: 12670 WHITEHALL DRIVE
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: CARLIN, LANE R MD
Address: 12670 WHITEHALL DR.
City-St-Zip: FORT MYERS, FL 33907

Title: VS (X) Change () Addition
Name: DRISCOLL, PAUL F MD
Address: 12670 WHITEHALL DRIVE
City-St-Zip: FORT MYERS, FL 33907

Title: V (X) Change () Addition
Name: DIAZ, CHRISTINE M MD
Address: 12670 WHITEHALL DRIVE
City-St-Zip: FORT MYERS, FL 33907

Title: V (X) Change () Addition
Name: CARRACINO JR, WILLIAM J MD
Address: 12670 WHITEHALL DRIVE
City-St-Zip: FORT MYERS, FL 33907

Title: V (X) Change () Addition
Name: MARINO, CHRIS J MD
Address: 12670 WHITEHALL DRIVE
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LANE R. CARLIN, M.D.

PRES

04/13/2004

Electronic Signature of Signing Officer or Director

_____ Date