

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 FEB -7 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K38120 (7)

1. Corporation Name

PEDIATRIC NEUROLOGY ASSOCIATES, P.A.

Principal Place of Business

880 6TH STREET, SOUTH, SUITE 430
ST. PETERSBURG FL 33701

Mailing Address

880 6TH STREET, SOUTH, SUITE 430
ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/12/1988

3a. Date of Last Report

03/15/1994

4. FEI Number

59-2905263

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

9. Name and Address of Current Registered Agent

KALISH, WILLIAM
4100 BARNETT PLAZA
101 EAST KENNEDY BOULEVARD
TAMPA FL 33602

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and firm if applicable)

(NOTE: Registered Agent registration required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

KROPP, ROBERT M.

STREET ADDRESS

880 6TH ST., S., STE. 430

CITY - ST - ZIP

ST. PETERSBURG FL

TITLE

S

NAME

CASADONTE, JOSEPH

STREET ADDRESS

880 - 6TH S., STE. 430

CITY - ST - ZIP

ST. PETERSBURG FL

TITLE

T

NAME

FERNANDEZ, RAYMOND

STREET ADDRESS

880 - 6TH ST., S., STE. 430

CITY - ST - ZIP

ST. PETERSBURG FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Typed Name