

1-24-97 B-653 -C
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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K38120 (7)

1. Corporation Name
PEDIATRIC NEUROLOGY ASSOCIATES, P.A.



Principal Place of Business Mailing Address
880 6TH STREET, SOUTH, SUITE 430 880 6TH STREET, SOUTH, SUITE 430
ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701-4825

3. Date Incorporated or Qualified 10/12/1988	3a. Date of Last Report 02/23/1996
4. FEI Number 59-2905263	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent KALISH, WILLIAM 4100 BARNETT PLAZA 101 EAST KENNEDY BOULEVARD TAMPA FL 33602	10. Name and Address of New Registered Agent 81. Name LINDA GUSTAFSON 82. Street Address (P.O. Box Number is Not Acceptable) PEDIATRIC NEUROLOGY ASSOC 83. 880 SIXTH ST S # 430 84. City ST PETERSBURG FL 85. Zip Code 33701
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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]* (NOTE: Registered Agent signature required when reinstating) DATE 1/9/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROPP, ROBERT M.	1.2 NAME	
STREET ADDRESS	880 6TH ST., S., STE. 430	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	1.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASADONTE, JOSEPH	2.2 NAME	
STREET ADDRESS	880 - 6TH S., STE. 430	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	2.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, RAYMOND	3.2 NAME	
STREET ADDRESS	880 - 6TH ST., S., STE. 430	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 1/9/97 DAYTIME PHONE #

CR2E034 (9/96)