

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # K38120**

1. Entity 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**



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2905263**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**GUSTAFSON, LINDA  
PEDIATRIC NEUROLOGY ASSOC  
880 SIXTH ST S #430  
ST PETERSBURG, FL 33701**

**DO NOT WRITE  
IN THIS SPACE**

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 LINDA GUSTAFSON  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing)

7/29/04  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
CASADONTE, JOSEPH  
880 - 6TH S., STE. 430  
ST. PETERSBURG, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ST  
FERNANDEZ, RAYMOND  
880 - 6TH ST., S., STE. 430  
ST. PETERSBURG, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000168972  
08/02/04-80005-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: R. J. Fernandez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/04  
Date

352-417-0877  
Daytime Phone #