

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K38120

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: PEDIATRIC NEUROLOGY ASSOCIATES, P.A.

## Current Principal Place of Business:

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

## New Principal Place of Business:

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

## Current Mailing Address:

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

## New Mailing Address:

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

FEI Number: 59-2905263

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

CASADONTE, JOSEPH  
880 6TH STREET SOUTH  
SUITE 430  
ST PETERSBURG, FL 33701 US

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: JOSEPH CASADONTE

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CASADONTE, JOSEPH  
Address: 880 - 6TH S., STE. 430  
City-St-Zip: ST. PETERSBURG, FL

Title: ST ( ) Delete  
Name: FERNANDEZ, RAYMOND  
Address: 880 - 6TH ST., S., STE. 430  
City-St-Zip: ST. PETERSBURG, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CASADONTE, JOSEPH  
Address: 880 6TH ST SOUTH, SUITE 430  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: ST (X) Change ( ) Addition  
Name: FERNANDEZ, RAYMOND  
Address: 880 6TH ST SOUTH, SUITE 430  
City-St-Zip: ST. PETERSBURG, FL 33701

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: JOSEPH CASADONTE

P

04/28/2005

Electronic Signature of Signing Officer or Director

Date