

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K56591 (6)**

1. Corporation Name
SERGAJ, STEEN, PALAY, M.D.'S, NEUROLOGY ASSOCIATES, P.A.



Principal Place of Business: **2919 SWANN AVE. STE 401 TAMPA FL 33609**
Mailing Address: **2919 SWANN AVE. STE 401 TAMPA FL 33609**

3. Date Incorporated or Qualified: **01/06/1989**
3a. Date of Last Report: **01/19/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FBI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-2919747		Not Applicable
23	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	29	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALAY, HOWARD W., M.D.	1.2 NAME	
STREET ADDRESS	2919 SWANN AVE #401	1.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	1.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERGAJ, STEPHEN M., M.D.	2.2 NAME	
STREET ADDRESS	2919 SWANN AVE #401	2.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	2.4 CITY-STATE-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEEN, SUSAN J., M.D.	3.2 NAME	
STREET ADDRESS	2919 SWANN AVE #401	3.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	3.4 CITY-STATE-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALAY, HOWARD W., M.D.	4.2 NAME	
STREET ADDRESS	2919 SWANN AVE #401	4.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	4.4 CITY-STATE-ZIP	
TITLE	PAS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERGAJ, STEPHEN M., M.D.	5.2 NAME	
STREET ADDRESS	2919 SWANN AVE #401	5.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	5.4 CITY-STATE-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEEN, SUSAN J., M.D.	6.2 NAME	
STREET ADDRESS	2919 SWANN AVE #401	6.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	6.4 CITY-STATE-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 119.07(3)(k), 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: *Stephen Sergay*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96
Date

Daytime Phone #

CR2E034 (12/95)