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FILED

**Jan 27 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 # K56591 (6)
1. Corporation Name
**SERDAY, STEEN, PALAY, M.D.'S, NEUROLOGY ASSOCIAT
ES, P.A.**



Principal Place of Business Mailing Address
**2919 SWANN AVE. STE 401
TAMPA FL 33609** **2919 SWANN AVE. STE 401
TAMPA FL 33609-4090**

3. Date Incorporated or Qualified **01/06/1989** 3a. Date of Last Report **03/04/1996**
4. FEI Number **59-2919747** 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 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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

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) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DVT <input checked="" type="checkbox"/> DELETE
NAME	PALAY, HOWARD W., M.D.
STREET ADDRESS	2919 SWANN AVE #401
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SERDAY, STEPHEN M., M.D.
STREET ADDRESS	2919 SWANN AVE #401
CITY-ST-ZIP	TAMPA FL
TITLE	DVS <input type="checkbox"/> DELETE
NAME	STEEN, SUSAN J., M.D.
STREET ADDRESS	2919 SWANN AVE #401
CITY-ST-ZIP	TAMPA FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	PALAY, HOWARD W., M.D.
STREET ADDRESS	2919 SWANN AVE #401
CITY-ST-ZIP	TAMPA FL
TITLE	PAS <input type="checkbox"/> DELETE
NAME	SERDAY, STEPHEN M., M.D.
STREET ADDRESS	2919 SWANN AVE #401
CITY-ST-ZIP	TAMPA FL
TITLE	AS <input type="checkbox"/> DELETE
NAME	STEEN, SUSAN J., M.D.
STREET ADDRESS	2919 SWANN AVE #401
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 by an attachment with an address.

SIGNATURE: *[Signature]* 1/17/97 813-872-1548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)