


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # K56591
 1. Entity Name
TAMPA 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



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2919747 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RUGG, JOSEPH
201 N FRANKLIN ST
SUITE 2100
TAMPA, FL 33602

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

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

000000382732
 01/12/06-80023-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SERGAY, STEPHEN M., M.D.
STREET ADDRESS	2919 SWANN AVE #401
CITY-ST-ZIP	TAMPA, FL
TITLE	DVS
NAME	STEEN, SUSAN J., M.D.
STREET ADDRESS	2919 SWANN AVE #401
CITY-ST-ZIP	TAMPA, FL
TITLE	PAS
NAME	SERGAY, STEPHEN M., M.D.
STREET ADDRESS	2919 SWANN AVE #401
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	CASCIONE, MARK M.D.
STREET ADDRESS	2919 SWANN AVE #401
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	WILSON, ROBERT G
STREET ADDRESS	2919 SWANN AVE #401
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *M. Rugg* 1/10/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #