


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 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
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2919747	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
 401 E JACKSON ST STE 1700
 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 re-registering) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

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

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

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 01/08/07-80021-016 150.00

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 reports 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 another, like empowered.

SIGNATURE: _____ (Signature of Susan Steen) Date: 1/5/07

Susan Steen MD

813-825-5199