

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K56591

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** TAMPA NEUROLOGY ASSOCIATES, P.A.

**Current Principal Place of Business:**

2919 SWANN AVE, STE 401  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

2919 SWANN AVE, STE 401  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 59-2919747      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SERGAY, STEPHEN M., M.D.  
Address: 2919 SWANN AVE #401  
City-St-Zip: TAMPA, FL

Title: DVS  
Name: STEEN, SUSAN J., M.D.  
Address: 2919 SWANN AVE #401  
City-St-Zip: TAMPA, FL

Title: PAS  
Name: REDDY, SUNIL S., M.D.  
Address: 2919 SWANN AVE #401  
City-St-Zip: TAMPA, FL

Title: D  
Name: CASCIONE, MARK M.D.  
Address: 2919 SWANN AVE #401  
City-St-Zip: TAMPA, FL

Title: D  
Name: WILSON, ROBERT G  
Address: 2919 SWANN AVE #401  
City-St-Zip: TAMPA, FL

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN M. SERGAY

MD

01/05/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date