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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 AM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M18404** **(7)**

1. Corporation Name
ASSOCIATES IN NEUROLOGY, P.A.

Principal Place of Business	Mailing Address
5124 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33021-3585	5124 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33021-3585

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/24/1985
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business	2a. Mailing Address
21 4925 Sheridan St	26 4925 Sheridan ST
Suite, Apt. #, etc. 22 200	Suite, Apt. #, etc. 27 200
City & State 23 Hollywood FL	City & State 28 Hollywood FL
Zip 24 33021	Zip 29 33021
Country 25 USA	Country 30 USA

4. FEI Number: 59-2594595 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSS, DAVID B., M.D. 5124 HOLLYWOOD BLVD HOLLYWOOD FL 33021	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4925 Sheridan St, Ste 200 83 84 City Hollywood FL 85 Zip Code 33021

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 _____
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when mandatory) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	ROSS, DAVID B.	12 NAME	
STREET ADDRESS	5124 HOLLYWOOD BLVD	13 STREET ADDRESS	
CITY-ST ZIP	HOLLYWOOD, FL 33021	14 CITY ST ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	ZARET, BRUCE S.	22 NAME	
STREET ADDRESS	5124 HOLLYWOOD BLVD	23 STREET ADDRESS	
CITY-ST ZIP	HOLLYWOOD, FL 33021	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	MANIAR, MAYUR C	32 NAME	
STREET ADDRESS	5124 HOLLYWOOD BLVD	33 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST 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)(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, or on an attachment with an address.

SIGNATURE: X [signature] X 2/1/95 X 1-305-962-2778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Code & Daytime Phone Number)

BS ZARET, MD Vice President, Associates in Neurology

000237 CP