

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M18404** (7)

1. Corporation Name

ASSOCIATES IN NEUROLOGY, P.A.



Principal Place of Business

Mailing Address

**4925 SHERIDAN ST
200
HOLLYWOOD FL 33021
US**

**4925 SHERIDAN ST
200
HOLLYWOOD FL 33021
US**

3. Date Incorporated or Qualified

07/24/1985

3a. Date of Last Report

02/27/1995

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

10. Name and Address of New Registered Agent

**ROSS, DAVID B., M.D.
4925 SHERIDAN ST
SUITE 200
HOLLYWOOD FL 33021**

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

(Signature, typed or printed name of registered agent and block applicable)

(NOTE: Registered Agent Signature required when not filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **ROSS, DAVID B.**
STREET ADDRESS **5124 HOLLYWOOD BLVD**
CITY-STATE-ZIP **HOLLYWOOD, FL 33021**

TITLE **VP** ☐ DELETE
NAME **ZARET, BRUCE S.**
STREET ADDRESS **5124 HOLLYWOOD BLVD**
CITY-STATE-ZIP **HOLLYWOOD, FL 33021**

TITLE **V** ☐ DELETE
NAME **MANIAR, MAYUR C**
STREET ADDRESS **5124 HOLLYWOOD BLVD**
CITY-STATE-ZIP **HOLLYWOOD FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **4925 SHERIDAN ST.**
1.4 CITY-STATE-ZIP **HOLLYWOOD, FL 33021**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **4925 SHERIDAN ST.**
2.4 CITY-STATE-ZIP **HOLLYWOOD, FL 33021**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **TREASURER**
3.3 STREET ADDRESS **MANIAR, MAYUR C**
3.4 CITY-STATE-ZIP **4925 SHERIDAN ST.**
HOLLYWOOD, FL 33021

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **VICE-TREASURER**
4.3 STREET ADDRESS **STEINBERG, JEFFREY**
4.4 CITY-STATE-ZIP **4925 SHERIDAN ST.**
HOLLYWOOD, FL 33021

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(k), 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:

David B. Ross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96 (954) 962-2718
Daytime Phone #

CR2E034 (12/95)