

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005146

FILED
Apr 26, 2012
Secretary of State

Entity Name: PANHANDLE NEUROLOGICAL AND NEUROSURGICAL SOCIETY, INC.

Current Principal Place of Business:

767 AIRPORT RD
PANAMA CITY, FL 32405

New Principal Place of Business:

767 AIRPORT RD
PANAMA CITY, FL 32405 US

Current Mailing Address:

767 AIRPORT RD
PANAMA CITY, FL 32405

New Mailing Address:

767 AIRPORT RD
PANAMA CITY, FL 32405 US

FEI Number: 36-4635523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRYANT, ROWLETT W
833 HARRISON AVE
PANAMA CITY, FL 32401 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: ELZAWAHARY, KAMEL MD
Address: 2202 STATE AVENUE SUITE 201
City-St-Zip: PANAMA CITY, FL 32405

Title: D
Name: STRINGER, DOUGLAS MD
Address: 2011 NORTH HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: D
Name: STRINGER, MERLE P MD
Address: 2011 NORTH HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32405

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MERLE P. STRINGER, M.D.

D

04/26/2012

Electronic Signature of Signing Officer or Director

Date