


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 31, 1998.
AMOUNT DUE ON SEPTEMBER 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000000138 (3)

1. Corporation Name

FLORIDA NEUROLOGICAL INSTITUTE, INC.

Principal Place of Business

Mailing Address

600 DRUID ROAD EAST
CLEARWATER FL 34616

600 DRUID ROAD EAST
CLEARWATER FL 34616

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

~~LOVELACE, WILLIAM K~~
~~2310 W BAY DRIVE~~
~~LARGO FL 33770~~

3. Date Incorporated or Qualified

02/17/1997

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Dr. William Hammesfahr

82 Street Address (P.O. Box Number is Not Acceptable)

83 600 Druid Rd E

84 City

Clearwater

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE W. Hammesfahr
Signature, typed or printed name of registered agent and title if applicable.

W. HAMMESFAHR
(NOTE: Registered Agent signature required when reinstating)

DIRECTOR

11/5/98
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMMESFAHR, WILLIAM M	
STREET ADDRESS	600 DRUID ROAD EAST	
CITY-ST-ZIP	CLEARWATER FL 34616	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOVELACE, WILLIAM K	
STREET ADDRESS	2310 W BAY DRIVE	
CITY-ST-ZIP	LARGO FL 33770	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVENPORT, DOUGLAS	
STREET ADDRESS	451 CENTRAL PARK DRIVE	
CITY-ST-ZIP	LARGO FL 33771	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	600002687556--1
1.4 CITY-ST-ZIP	-11/16/98--01004--004

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	*****61.25 *****61.25
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bravo Payne	
4.3 STREET ADDRESS	500 N. Duke St. Suite 55-302	
4.4 CITY-ST-ZIP	Dehon, NC. 27701	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JAMES McDONNIG	
5.3 STREET ADDRESS	1770 N. BETTY LANE AVE	
5.4 CITY-ST-ZIP	CLEARWATER, FL 33755	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. Hammesfahr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

98 NOV 10 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



0000038

CR2E037 (5/98)



THE MEDICAL FORUM FOR THE 21ST CENTURY

NOV 6, 1998

Department of State
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

To Whom it May Concern,

I filed annual reports for both MedForum and Florida Neurological Institute with checks for \$550 back in the early summer. I assumed that the fee was the same as that for other corporations. I did not receive my checks back nor an explanation from the department, so I assumed all was well. When the second notice came, I assumed that the work had crossed in the mail and had not been processed yet. Last week, a client asked why our company had been dissolved, I found out that the company had been dissolved for non-payment. When I called I was told to send you the check for \$61.25, and to ask that the late fee be waived under these unusual circumstances.

We have had a problem with a now former employee, which has resulted in many missing records and other discrepancies. I appreciate your time and consideration as we try to sort out this situation.

Thank you,

Gina Presson
Gina Presson