SECOND NOTICE: CORPORATION WILL BE DISSO~ ~~TER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOL' ~ ~ DUE TO REINSTATE: $236.25).

FILED
Jul 12, 1999 8:00 am
Secretary of State
07-12-1999 90016 020 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999

~ENT OF STATE

DIVISION O~ ~ ~ATI~

DOCUMENT # **N98000000138**

1. Corporation Name

FLORIDA NEUROLOGICAL INSTITUTE, INC.

* 5 586352 - 90016 - 20 2 *
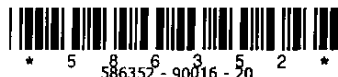
Principal Place of Business
600 DRUID ROAD EAST
CLEARWATER FL 34616

Mailing Address
600 DRUID ROAD EAST
CLEARWATER FL 34616

2. Principal Place of Business		2a. Mailing Address		Date Incorporated or Qualifed
21		26		~17/1997
Suite, Apt. #, etc.		Suite, Apt. #, etc.		~I~ ~er APPLICABLE / Applied For / Not Applicable
22		27		
City & State		City & State		5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
23		28		
Zip	Country	Zip	Country	6. Election Campaign Financing ☐ $5.00 May Be Trust Fund Contribution Added to Fees
24	25	29	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

HAMMESFAHE, WILLIAM DR
600 DRUID ROAD EAST
CLEARWATER FL 34616

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HAMMESFAHR, WILLIAM M		1.2 NAME	
STREET ADDRESS	600 DRUID ROAD EAST		1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34616		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PAYNE, BRUCE		2.2 NAME	
STREET ADDRESS	500 N. DUKE ST., SUITE 55-302		2.3 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC 27701		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MODONIE, JAMES		3.2 NAME	
STREET ADDRESS	1770 N. BETTY LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33755		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (5/99)

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, with all other like empowered.

SIGNATURE: _____ 7/7/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　　Date　　Daytime Phone #