


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000075115	
1. Entity Name ST. PETERSBURG NEUROLOGY CLINIC, P.A.	

Principal Place of Business 1099 5TH AVENUE NORTH SUITE 300 SAINT PETERSBURG, FL 33705	Mailing Address 1099 5TH AVENUE NORTH SUITE 300 SAINT PETERSBURG, FL 33705
-------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FRANKLIN, MICHAEL A MD 1099 5TH AVENUE NORTH SUITE 300 SAINT PETERSBURG, FL 33705	DO NOT WRITE IN THIS SPACE
---------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
----------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------	------------

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
-----------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		<p>U000000168955 08/02/04-80004-011 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST FRANKLIN, MICHAEL A M.D. 1099 5TH AVENUE NORTH SUITE 300 SAINT PETERSBURG, FL 33705	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISS, ALLAN S M.D. 1099 5TH AVENUE NORTH SUITE 300 SAINT PETERSBURG, FL 33705	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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