

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000031526					
1. Entity Name SOUTH BAY NEUROLOGY AND TOTAL SPINE CARE, P.A.					
Principal Place of Business 4051 UPPER CREEK DR, STE 111 SUN CITY CENTER FL 33573			Mailing Address 4051 UPPER CREEK DR, STE 111 SUN CITY CENTER FL 33573		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3712347	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applying	
6. Name and Address of Current Registered Agent VALENCIA, CHRISTOPHER L M.D. 4051 UPPER CREEK DR, STE 111 SUN CITY CENTER FL 33573				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST VALENCIA, CHRISTOPHER L M.D. 4051 UPPER CREEK DR, STE 111 SUN CITY CENTER FL 33573	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000526620 05/04/06-80081-023 150.00 ☐ Change ☐ Addition	
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1st MOORE CR2E034 (10/05)

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For
Not Applying

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ 4/19/06 (813) 634-3323