

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-3712347**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

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
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
U000000763807
05/30/07-80030-019 150.00
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Christopher L. Valencia, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/3/07 (813) 634-3323