

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000063095

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** TALLAHASSEE NEUROLOGY ASSOCIATES, P.A.

**Current Principal Place of Business:**

2868 MAHAN DR  
SUITE 5  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

2868 MAHAN DR  
SUITE 5  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:** 01-0715267

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PIERCE, ROBERT A  
123 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 323011517 US

**Name and Address of New Registered Agent:**

DOYLE, MELINDA J  
2868 MAHAN DRIVE  
SUITE 5  
TALLAHASSEE, FL 32308 US

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.

SIGNATURE: MELINDA J DOYLE

01/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BLACKBURN, RICHARD E M.D.  
Address: 2868 MAHAN DRIVE, SUITE 5  
City-St-Zip: TALLAHASSEE, FL 32308

Title: SEC  
Name: WHITNEY, STAN J M.D.  
Address: 2868 MAHAN DRIVE, SUITE 5  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD E BLACKBURN

DR.

01/05/2012

Electronic Signature of Signing Officer or Director

Date