2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-09-2004 90036 014 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000010034

1. Entity Name

NEUROMEDICAL SERVICES, IVAN A. LOPEZ, M.D., P.A.

Principal Place of Business	Mailing Address
311 COUNTRY CLUB ROAD LAKE CITY FL 32025	311 COUNTRY CLUB ROAD LAKE CITY FL 32025

2. Principal Place of Business		3. Mailing Address	
311 COUNTRY CLUB Rd		311 COUNTRY CLUB Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: LAKE CITY, FL		City & State: LAKE CITY, FL	
Zip: 32025	Country: USA	Zip: 32025	Country: USA

4. FEI Number: 54-2093474 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name: IVAN A. LOPEZ, MD
Street Address (P.O. Box Number is Not Acceptable): 311 COUNTRY CLUB Rd
City: LAKE CITY FL Zip Code: 32025

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: IVAN A LOPEZ, MD [signature], MD — 4/1/04

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

FILE NOW!!! FEE IS $150.00 *
After May 1, 2004 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	PSTD LOPEZ, IVAN A MD 311 COUNTRY CLUB ROAD LAKE CITY FL 32025	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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] MD IVAN A LOPEZ MD — 4/1/04 — (386) 752-7250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

* NMS check #1146 for $150.00