## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # P06000067934



**FILED** Apr 20, 2007 8:00 am Secretary of State

Davtime Phone #

1. Enlity Name ST. MARY'S NEUROLOGY CENTER, INC.							04-20-2007 90	0084 001 ***1	58.75
Principal Place of Business 14201 BRUCE B DOWNS BLVD., STE. 3 TAMPA, FL 33613				Mailing Address 3315 DOWNAN POINT DR. LAND O LAKES, FL 34638		4007	2750		
2. Principal Place of Business - No P.O. Box #			_	3. Mailing Address 14201 BRUCE 13- 1)0WNS BU					
Suite, Apt. #, etc.			Suite, Apt. #, old	Suite, Apt. #, etc.			Chg-P	CR2E034 (12/	06)
City & State			City & State			4. FEI Numbe	3931527		Applied For Not Applicable
Zip		Country	<sup>Zip</sup> 33613	Cou	ntry SA	5. Certificate	of Status Desired	<b>≸8.75</b> Fee Re	Additional puired
	6. Name	and Address of Curre	nt Registered Agent			7. Name and	Address of New Ro	egistered Agent	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.					Name KAVILAVEETTIL, REENA  Street Address (P.O. Box Number is Not Acceptable)  14201 BRUCE 13. DOWNS BLVI).,				
4TH FLOOR MIAMI, FL 33145									
(M)/(M), 12 (33)43					City	SUITE # 3  FL Zip Code 336/3			
		ty submits this statement	t for the purpose of chang	ging its registe			h, in the State of Flo		
SIGNATURE	Rena	2. Kailarcett	REENA	J. K	AVILAV	EET TILL paulied when reinstating)	41	18/07 DATE	<u>:</u>
,	agriature, types	d or printed harne of registered ag-	est and the mapping big	traciic, nogister	ed viðent siðngratning a			DATE.	
		FEE IS \$150.00 7 Fee will be \$55		Campaign Fina d Contribution		\$5.00 May Be Added to Fees			-
		7 Fee will be \$550			· 🗆	\$5.00 May Be Added to Fees	CHANGES TO OFFI	CERS AND DIREC	TORS IN 11
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: RECURD - KAVILAVEETTIL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR