

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-20-2007 90084 001 ***158.75

DOCUMENT # P06000067934 1. Entity Name ST. MARY'S NEUROLOGY CENTER, INC.																																																																																																																																																																																			
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																																																																																																																																																																																
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 14201 BRUCE B. DOWNS BLVD.																																																																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 3		04182007 Chg-P CR2E034 (12/06)																																																																																																																																																																															
City & State		City & State TAMPA, FLORIDA		4. FEI Number 223931527																																																																																																																																																																															
Zip		Zip 33613		Country USA																																																																																																																																																																															
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 KAVILAVEETTIL, REENA Street Address (P.O. Box Number is Not Acceptable) 14201 BRUCE B. DOWNS BLVD., SUITE # 3 City TAMPA FL Zip Code 33613																																																																																																																																																																															
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 <u><i>Reena J. Kavilaveettil</i></u> REENA J. KAVILAVEETTIL 4/18/07 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, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">DPST</td> <td style="width: 30%; text-align: right; padding: 2px;">☐ Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td colspan="2" style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">KAVILAVEETTIL, REENA J.</td> <td></td> <td style="padding: 2px;">NAME</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">14201 BRUCE B DOWNS BLVD., STE. 3</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">TAMPA, FL 33613</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right; padding: 2px;">☐ Delete</td> <td style="padding: 2px;">TITLE</td> <td colspan="2" style="text-align: right; padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td colspan="2"></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right; padding: 2px;">☐ Delete</td> <td style="padding: 2px;">TITLE</td> <td colspan="2" style="text-align: right; padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td colspan="2"></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right; padding: 2px;">☐ Delete</td> <td style="padding: 2px;">TITLE</td> <td colspan="2" style="text-align: right; padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td colspan="2"></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	DPST	☐ Delete	TITLE	☐ Change ☐ Addition		NAME	KAVILAVEETTIL, REENA J.		NAME			STREET ADDRESS	14201 BRUCE B DOWNS BLVD., STE. 3		STREET ADDRESS			CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP									TITLE		☐ Delete	TITLE	☐ Change ☐ Addition								NAME			NAME									STREET ADDRESS			STREET ADDRESS									CITY-ST-ZIP			CITY-ST-ZIP									TITLE		☐ Delete	TITLE	☐ Change ☐ Addition								NAME			NAME									STREET ADDRESS			STREET ADDRESS									CITY-ST-ZIP			CITY-ST-ZIP									TITLE		☐ Delete	TITLE	☐ Change ☐ Addition								NAME			NAME									STREET ADDRESS			STREET ADDRESS									CITY-ST-ZIP			CITY-ST-ZIP		
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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 <u><i>Reena J. Kavilaveettil</i></u> REENA J. KAVILAVEETTIL 4/18/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #																																																																																																																																																																																			

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