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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 28 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000058007 (4)**

1. Corporate Name

CENTER FOR NEUROLOGIC DISEASE OF THE TREASURE CO AST, P.A.

Principal Place of Business	Mailing Address
1700 HILLMOOR DRIVE SUITE 500 PORT ST. LUCIE FL 34952	1700 HILLMOOR DRIVE SUITE 500 PORT ST. LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/18/1993**
3a. Date of Last Report: **02/04/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: **65-0433162** ☐ Applied For ☐ Not Applicable
21 1801 HILLMOOR DRIVE	26 1801 HILLMOOR DRIVE	
Suite, Apt. #, etc 22 SUITE B107	Suite, Apt. #, etc 27 SUITE B107	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23 PORT ST LUCIE, FL	City & State 28 PORT ST LUCIE, FL	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip / County 24 34952 / 25 ST LUCIE	Zip / County 29 34952 / 30 ST LUCIE	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SALOVIN, ALLAN 777 S FLAGLER DR SUITE 310 (EAST) W PALM BCH. FL 33401	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (If changing Registered Agent, Registered Agent must sign above) (If changing Registered Agent or Registered Office Address, Registered Agent must sign below) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	CERBONE, TRACEY	12 NAME	CERBONE, TRACEY
STREET ADDRESS	1700 HILLMOOR DR, SUITE 500	13 STREET ADDRESS	1801 HILLMOOR DR. SUITE B107
CITY ST ZIP	PORT ST. LUCIE FL 34952	14 CITY ST ZIP	PORT ST LUCIE FL 34952
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 1, 11, or Block 12 or 13 (if changed), or on an attachment with an address.

SIGNATURE: Tracey Cerbone TRACEY E. CERBONE 4/24/95 407-335-4600

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

0382700 CP