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Jan 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000058007 (4)

1. Corporation Name

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

Principal Place of Business

Mailing Address

1801 HILLMOOR DRIVE
SUITE B107
PORT ST. LUCIE FL 34952
US

1801 HILLMOOR DRIVE
SUITE B107
PORT ST. LUCIE FL 34952-7545
US



3. Date Incorporated or Qualified
08/18/1993

3a. Date of Last Report
01/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1844 SE ST. LUCIE BLVD.

22 City & State

27 SUITE 16

23 Zip

25 Country

28 PORT ST. LUCIE, FL

24

25

29

30

U.S.

4. FEI Number

65-0433162

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CERBONE, TRACEY
STREET ADDRESS 1801 HILLMOOR SR. SUITE B107
CITY-ST-ZIP PORT ST. LUCIE FL

☐ DELETE

1.1 TITLE SAME
1.2 NAME SAME
1.3 STREET ADDRESS 1844 SE ST. LUCIE BLVD, SUITE 16
1.4 CITY-ST-ZIP SAME

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97

Date

Daytime Phone #

0488203

CR2E034 (9/96)