



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000010191		
1. Entity Name ASSOCIATES IN NEUROLOGICAL CARE OF LEE COUNTY, P.A.		
Principal Place of Business 38 BARKLEY CIRCLE SUITE 2 FORT MYERS, FL 33907	Mailing Address PO BOX 61943 FORT MYERS, FL 33906	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GAMEZ, GERARDO A 38 BARKLEY CIRCLE SUITE 2 FORT MYERS, FL 33907		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000115463 04/16/04-80026-002 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GAMEZ, GERARDO A 38 BARKLEY CIRCLE, STE. 2 FT MYERS, FL 33907	
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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: 		April 14/04 239-939-9007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #