

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90016 046 ***150.00

DOCUMENT # P95000012119

1. Corporation Name

FLORIDA NEUROLOGIC ASSOCIATES, INC.

Principal Place of Business

**21150 BISCAYNE BLVD
SUITE 201
AVENTURA FL 33180**

Mailing Address

**21150 BISCAYNE BLVD
SUITE 201
AVENTURA FL 33180**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1995

4. FEI Number

65-0563850

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
intangible Personal Property.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**GELBLUM, JEFFREY B
21150 BISCAYNE BLVD
SUITE 201
AVENTURA FL 33180**

10. Name and Address of New Registered Agent

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

TITLE **D** ☐ DELETE
NAME **GELBLUM, JEFFREY B**
STREET ADDRESS **21150 BISCAYNE BLVD #201**
CITY-ST-ZIP **AVENTURA FL**

TITLE **D** ☒ DELETE
NAME **ABEL, MARSHALL I**
STREET ADDRESS **21150 BISCAYNE BLVD SUITE 201**
CITY-ST-ZIP **AVENTURA FL**

TITLE **D** ☐ DELETE
NAME **GROSZ, RAUL**
STREET ADDRESS **21150 BISCAYNE BLVD STE 201**
CITY-ST-ZIP **AVENTURA FL**

TITLE **J** ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

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

14. 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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-99

Date

Daytime Phone #

CR2E034 (5/99)

0069952

P95000012119
593190-9001646
FLORIDA NEUROLOGIC ASSOCIATES, P.A.

NEUROLOGY, EMG, EEG, EVOKED POTENTIALS, IOM

JEFFREY GELBLUM, M.D. • RAUL GROSZ, M.D.

□ 4302 Alton Road • Suite 400
Miami Beach, Florida 33140
(305) 673-9990 • Fax (305) 531-8802

□ 21150 Biscayne Boulevard • Suite 201
Aventura, Florida 33180
(305) 936-9393 • Fax: (305) 936-9650

Florida Department of State
Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Document# P95000012119

Dear Sirs:

Please be advised that this office never received the first notice regarding filing the 1999 profit corporation annual report. According to one of your representatives, Stacey, a letter stating this fact would suffice along with payment of \$150.

If I may be of further assistance, please do not hesitate to call me @ (305) 936-9393.

Sincerely,


Jeff Gelblum, M.D.

JG/dc