

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Mar 28 1996 8:00 am
Secretary of State

DOCUMENT # P95000065490 (1)

1. Corporation Name

COASTAL NEUROLOGY CONSULTANTS INC.

Principal Place of Business

2848 SE FEDERAL HIGHWAY
STUART FL 34994

Mailing Address

2848 SE FEDERAL HIGHWAY
STUART FL 34994

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

ELLIOTT, PAUL
2848 SE FEDERAL HIGHWAY
STUART FL 34994

3. Date incorporated or Qualified

08/23/1995

3a. Date of Last Report

4. Filing Number

65-001118

Applied For
Not Applicable

5. Certificate of Status Deemed

\$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. 199.03?
Florida Statutes ☐ Yes ☐ No

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 612 through 618 of 1992, Florida Statutes, the above named corporation's board of directors hereby certifies 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. The officer who appointed as registered agent I am familiar with and is one of the directors of the corporation. Section 612, Florida Statutes.

SIGNATURE

Paul Elliott

1-20-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DEED

NAME
President
Paul Elliott Hwy
2848 SE Federal Hwy
STUART FL 34994

CITY-STATE-ZIP ☐ DEED

TITLE ☐ DEED

NAME

STREET ADDRESS

CITY-STATE-ZIP ☐ DEED

TITLE ☐ DEED

NAME

STREET ADDRESS

CITY-STATE-ZIP ☐ DEED

TITLE ☐ DEED

NAME

STREET ADDRESS

CITY-STATE-ZIP ☐ DEED

TITLE ☐ DEED

NAME

STREET ADDRESS

CITY-STATE-ZIP ☐ DEED

TITLE ☐ DEED

NAME

STREET ADDRESS

CITY-STATE-ZIP ☐ DEED

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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att
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