

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90214 040 \*\*\*150.00

**DOCUMENT # P96000051907**

1. Entity Name  
**NEUROLOGY ASSOCIATES OF ORMOND BEACH, P.A.**



Principal Place of Business  
**873 STERTHAUS AVENUE #305  
ORMOND BEACH, FL 32174**

Mailing Address  
**873 STERTHAUS AVENUE #305  
ORMOND BEACH, FL 32174**

**44044361**



**DO NOT WRITE IN THIS SPACE**

04192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3386194**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**8. Name and Address of Current Registered Agent**

**GORNT0, L A JR  
149-F S. RIDGEWOOD AVENUE  
DAYTONA BEACH, FL 32114**

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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

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

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<del>POST</del>	<i>Secretary</i>
NAME	CUNHA, OLIMPIO F	
STREET ADDRESS	873 STERTHAUS AVENUE #305	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	<del>ST</del>	<i>President</i>
NAME	MCDONALD, DAVID	
STREET ADDRESS	873 STERTHAUS AVENUE, #305	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	<i>Wienz bicki, Timothy Vice President</i>	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/21/04*

Date

*386-673-2500*

Daytime Phone #