


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000026393</b>	
1. Entity Name VOLUSIA NEUROLOGIC ASSOCIATES, P.A.	

Principal Place of Business 405 DOWNING STREET NEW SMYRNA BEACH, FL 32168 US	Mailing Address 405 DOWNING STREET NEW SMYRNA BEACH, FL 32168 US
--	--

**DO NOT WRITE IN THIS SPACE**



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3442942</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MARTINEZ, NORBERTO JR. 405 DOWNING STREET NEW SMYRNA BEACH, FL 32168	<b>DO NOT WRITE IN THIS SPACE</b>
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</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
--	--	------------

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARTINEZ, NORBERTO J MD 405 DOWNING STREET NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TRAPANI, VICENTE 405 DOWNING STREET NEW SMYRNA BEACH, FL 32168
TITLE 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	

1100001199106  
01/27/05-80075-025 150.00

**DO NOT WRITE 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: <i>Norberto Martinez M.D.</i>	1-25-05	386-427-3700
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>