


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000040140	
1. Entity Name NEUROLOGICAL SPECIALTIES NEUROLOGY, P.A.	

Principal Place of Business 2816 W. VIRGINIA AVE. TAMPA, FL 33607	Mailing Address 2816 W. VIRGINIA AVE. TAMPA, FL 33607
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DO NOT WRITE IN THIS SPACE



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3447630	Approved For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NEWMAN, THOMAS M
2816 W. VIRGINIA
TAMPA, FL 33607**

**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 _____
Signature, typed or printed name of registered agent at this time. (Required) (Typed Registered Agent signature required when no signature)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	D NEWMAN, THOMAS M 2816 W. VIRGINIA AVE. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY ST ZIP	D LEDOUX-COTON, KARLA M 2816 W VIRGINIA AVE TAMPA, FL 33607
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01/18/07-80065-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 a letter like enclosed.

SIGNATURE:  **1/16/2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Thomas M. Newman, M.D.**