

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000029266

1. Corporation Name

MEDICAL NEUROLOGICAL ASSOCIATES, INC.

Principal Place of Business

4700 NORTH STATE ROAD 7  
SUITE 221  
FORT LAUDERDALE FL 33319

Mailing Address

4700 NORTH STATE ROAD 7  
SUITE 221  
FORT LAUDERDALE FL 33319

FILED  
Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90045 007 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1998

4. FEI Number

65-0820472

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

DADDURNO, DANIELLE  
4700 NORTH STATE ROAD 7  
SUITE 221  
FORT LAUDERDALE FL 33319

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 Danielle Mannarino

(NOTE: Registered Agent signature required when reinstating)

3/23/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DADDURNO, DANIELLE  
STREET ADDRESS 20975 SHADY VISTA LANE  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ DELETE

NAME MANNARINO, ANDREA  
STREET ADDRESS 7997 W COUNTRY CLUB BLVD  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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 Danielle Mannarino  
1.3 STREET ADDRESS 19329 SKYRIDGE CIRCLE  
1.4 CITY-ST-ZIP BOCA RATON FL 33498

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME andrea Mannarino  
2.3 STREET ADDRESS 19329 SKYRIDGE CIRCLE  
2.4 CITY-ST-ZIP BOCA RATON FL 33498

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 with all other like empowered.

SIGNATURE: Danielle Mannarino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99 561-911-2070

Date

Daytime Phone #

13-00004-4  
CR2E034 (11/98)