

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000067294

FILED
Jan 14, 2008
Secretary of State

Entity Name: PALM BEACH NEUROLOGY, P.A.

Current Principal Place of Business:

4631 N CONGRESS AVE.
WEST PALM BEACH, FL 33407

New Principal Place of Business:

4631 N CONGRESS AVE.
SUITE 200
WEST PALM BEACH, FL 33407

Current Mailing Address:

4631 N CONGRESS AVE.
WEST PALM BEACH, FL 33407

New Mailing Address:

4631 N CONGRESS AVE.
SUITE 200
WEST PALM BEACH, FL 33407

FEI Number: 65-0848900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STONE, MD, REED
4631 N CONGRESS AVE, STE 200
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SADOWSKY, CARL
Address: 4631 N CONGRESS AVE SUITE 200
City-St-Zip: W P BCH, FL 33407

Title: VP () Delete
Name: MARTINEZ, WALTER C MD
Address: 4631 N CONGRESS AVE SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP () Delete
Name: ZUNIGA, JOSE A MD
Address: 4631 N CONGRESS AVE SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP () Delete
Name: WINNER, PAUL K DO
Address: 4631 N CONGRESS AVE SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP () Delete
Name: WINGKUN, EDWIN C MD
Address: 4631 N CONGRESS AVE SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP () Delete
Name: BUTERA, LOUIS J DO
Address: 4631 N CONGRESS AVE SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL H SADOWSKY MD

PRES

01/14/2008

Electronic Signature of Signing Officer or Director

_____ Date