

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000067294

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: PALM BEACH NEUROLOGY, P.A.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

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

Electronic Signature of Signing Officer or Director

PRES

02/24/2009

Date