

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000049138

Entity Name: BRADENTON NEUROLOGY, INC.

FILED
Jan 18, 2004
Secretary of State

Current Principal Place of Business:

3930 8TH AVE. WEST
BRADENTON, FL 34205

New Principal Place of Business:

Current Mailing Address:

PO BOX 9349
BRADENTON, FL 34206

New Mailing Address:

FEI Number: 65-0923190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCELVEEN, W. ALVIN
3930 8TH AVE. WEST
BRADENTON, FL 34205

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: D () Delete
Name: MCELVEEN, W. ALVIN
Address: 3930 8TH AVE. WEST
City-St-Zip: BRADENTON, FL 34205

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCELVEEN, W. ALVIN
Address: 3930 8TH AVE. WEST
City-St-Zip: BRADENTON, FL 34205

Title: VP () Change (X) Addition
Name: GONZALEZ, RALPH
Address: 3930 8TH AVE WEST
City-St-Zip: BRADENTON, FL 34205

I hereby certify that the information supplied with this filing does not qualify for the 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 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: W. ALVIN MCELVEEN

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01/18/2004

Electronic Signature of Signing Officer or Director

_____ Date