

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000049138

FILED  
Apr 11, 2008  
Secretary of State

Entity Name: BRADENTON NEUROLOGY, INC.

## 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 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: MCELVEEN, W. ALVIN  
Address: 3930 8TH AVE. WEST  
City-St-Zip: BRADENTON, FL 34205

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: W. ALVIN MCELVEEN

PRES

04/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date