

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 17 PM 3:27

DOCUMENT # S21708

(0)

1. Corporation Name

ASSOCIATES IN NEUROLOGY OF SOUTH FLORIDA, P.A.

Principal Place of Business

4302 ALTON ROAD
SUITE 400
MIAMI BEACH FL 33140

Mailing Address

1380 MIAMI GARDENS DR
SUITE 264
NORTH MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/01/1991 3a. Date of Last Report 06/27/1994

4. FEI Number 65-0242531 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 has liability for intangible tax under S. 190.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROSZ, RAUL M.D.
4302 ALTON ROAD
SUITE 430
MIAMI BEACH FL 33140

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME GROSZ, RAUL
STREET ADDRESS 451 E DILDO DR
CITY, ST, ZIP MIAMI BEACH FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE DVP
NAME GELBLUM, JEFFREY B.
STREET ADDRESS 1600 E ISLAND BLVD 7804
CITY, ST, ZIP WILLIAMS ISLAND FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 110 SOUTH ISLAND
2.4 CITY, ST, ZIP GOLDEN BEACH, FL 33140

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Raul Grosz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAUL GROSZ

2/10/95

305-945-9991

Title

Telephone Number