

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
•AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 02, 1999 8:00 am
Secretary of State
08-02-1999 90013 016 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S21708
1. Corporation Name
ASSOCIATES IN NEUROLOGY OF SOUTH FLORIDA, P.A.

Principal Place of Business	Mailing Address
4302 ALTON ROAD SUITE 400 MIAMI BEACH FL 33140	21150 BISCAYNE BLVD STE 201 AVENTURA FL 33180 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/01/1991

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 owes the current year Intangible Personal Property. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 reinstating)		DATE										
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE	DP							<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	GROSZ, RAUL									1.2 NAME						
STREET ADDRESS	451 E DILDO DR									1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI BEACH FL									1.4 CITY-ST-ZIP						
TITLE	DVP							<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	GELBLUM, JEFFREY B.									2.2 NAME						
STREET ADDRESS	110 SOUTH ISLAND									2.3 STREET ADDRESS						
CITY-ST-ZIP	GOLDEN BEACH FL									2.4 CITY-ST-ZIP						
TITLE								<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME										3.2 NAME						
STREET ADDRESS										3.3 STREET ADDRESS						
CITY-ST-ZIP										3.4 CITY-ST-ZIP						
TITLE								<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME										4.2 NAME						
STREET ADDRESS										4.3 STREET ADDRESS						
CITY-ST-ZIP										4.4 CITY-ST-ZIP						
TITLE								<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME										5.2 NAME						
STREET ADDRESS										5.3 STREET ADDRESS						
CITY-ST-ZIP										5.4 CITY-ST-ZIP						
TITLE								<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME										6.2 NAME						
STREET ADDRESS										6.3 STREET ADDRESS						
CITY-ST-ZIP										6.4 CITY-ST-ZIP						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **7-27-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (5/99)

599727-70015-16
S2 1708

FLORIDA NEUROLOGIC ASSOCIATES, P.A.
NEUROLOGY, EMG, EEG, EVOKED POTENTIALS, IOM

JEFFREY GELBLUM, M.D. • RAUL GROSZ, M.D.

□ 4302 Alton Road • Suite 400
Miami Beach, Florida 33140
(305) 673-9990 • Fax (305) 531-8802

□ 21150 Biscayne Boulevard • Suite 201
Aventura, Florida 33180
(305) 936-9393 • Fax: (305) 936-9650

Florida Department of State
Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Document# S21708

Dear Sirs:

Please be advised that this office never received the first notice regarding filing the 1999 profit corporation annual report. According to one of your representatives, Stacey, a letter stating this fact would suffice along with payment of \$150.

If I may be of further assistance, please do not hesitate to call me @ (305) 936-9393.

Sincerely,


Jeff Gelblum, M.D.

JG/dc