

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:30

DOCUMENT # S66361 (4)

1. Corporation Name
NEUROLOGY CENTER OF NAPLES, P.A.

Principal Place of Business Mailing Address
686 GOODLETTE RD. N. NAPLES FL 33940 **686 GOODLETTE RD. N. NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/16/1991** 3a. Date of Last Report **06/20/1994**

4. FEI Number **65-0270775** 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. 199.032, 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

24 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KANDEL, MERRYLEE
528 DEVIL'S LANE
NAPLES FL 33940

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 its 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 substituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **KANDEL, JOSEPH M.D.**
STREET ADDRESS **680 2ND AVENUE N. S-202**
CITY ST ZIP **NAPLES FL**

1.1 TITLE Change Addition
1.2 NAME **JOSEPH KANDEL, MD**
1.3 STREET ADDRESS **686 GOODLETTE RD N**
1.4 CITY ST ZIP **NAPLES, FL 33940**

TITLE **D**
NAME **KANDEL, MERRYLEE**
STREET ADDRESS **680 2ND AVENUE N. S-202**
CITY ST ZIP **NAPLES FL**

2.1 TITLE Change Addition
2.2 NAME **MERRYLEE KANDEL**
2.3 STREET ADDRESS **686 GOODLETTE RD. N.**
2.4 CITY ST ZIP **NAPLES, FL 33940**

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph Kandel, MD* **JOSEPH KANDEL, MD** **8/3-6/19-1993**
Typed and Printed Name of Signing Officer or Director Date