

**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.**      **686 GOODLETTE RD. N.**  
**NAPLES FL 33940**      **NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE.

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

4. FEI Number      Applied For / Not Applicable  
**65-0270775**

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
Trust Fund Contribution

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      28. Zip      Country      29. Country

9. Name and Address of Current Registered Agent

**KANDEL, MERRYLEE**  
**528 DEVIL'S LANE**  
**NAPLES FL 33940**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City      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      Separate typed or printed name of registered agent and file # applicable      (NOTE: Registered Agent signature required when substituting)      DATE

12. OFFICERS AND DIRECTORS

TITLE      **D**

NAME      **KANDEL, JOSEPH M.D.**

STREET ADDRESS      **680 2ND AVENUE N. S-202**

CITY, ST, ZIP      **NAPLES FL**

TITLE      **D**

NAME      **KANDEL, MERRYLEE**

STREET ADDRESS      **680 2ND AVENUE N. S-202**

CITY, ST, ZIP      **NAPLES FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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**

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**

3.1 TITLE       Change       Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE       Change       Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE       Change       Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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**      **813-619-1833**

Typed and printed name of signing officer or director      Title      (Within three days)