

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**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0270775		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

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	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

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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	JOSEPH KANDEL, MD
1.4 CITY ST ZIP	686 GOODLETTE RD N NAPLES, FL 33940
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 or printed name of signing officer or director) (Date)