FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S66361 (4)

NEUROLOGY CENTER OF NAPLES, P.A.

SIGNATURE:

FILED May 12 1998 8:00am Secretary of State

|--|--|--|

Principal I	Place of Busines	35	Mailing Address			I SABLIDIA IID DILLE RICHD IIIIN TIIRE IIIRI BIDII	41811 WIGH GTON GII	B(1 &1811 (64)	
		670 GOODLETTE RD N							
NAPLES I	FL 34102		NAPLES FL 33940			DO NOT WRITE IN TI	HIS SPACE		
US			US			3. Date Incorporated or Qualified			
						07/16/1991			
2. Princip	al Place of Busi	ness	2a. Mailing Address			4, FEI Number		Applied For	
21			26			65-0270775	⊢	lot Applicable	
	Apt. #, etc.		Suite, Apt. #, etc.					Additional	
22			27			5. Certificate of Status Desired	Fee F	DeriupeF	
City &	State		City & State			6. Election Campaign Financing	\$5.00) May Be	
23			28			Trust Fund Contribution	Added	to Fees	
Zip		Country	Zip	Counti	y	8. This corporation owes or has paid the current year Intangible			
24		25		30		Personal Property Tax due June 30.		□ No	
	g, Name	and Address of Cur	rent Registered Agent		.1	10. Name and Address of New Registe	red Agent		
	KANDEL, MEI	rrylee		8	1 Name				
i	528 DEVIL'S	LANE		8:	Street Add	Address (P.O. Box Number is Not Acceptable)			
NAPLES FL 33940									
				8:	3			i	
				8-	1 City		 85 Zip	Code	
						-	FIL		
11. Pursu	ant to the provis	sions of Sections 607	0502 and 607.1508, Florida Statute	es, the about	ve-named cor	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the	se of changing	its registered	
ageni	t. I am familiar w	ith, and accept the of	oligations of, Section 607.0505, Flo	rida Statut	96.	ation's board of directors, i hereby accept the	арронилон а	3 Togistorou	
SIGNATU	RE								
	Signature, types	d or printed name of registered			gent signature req	ulred when reinstating) DA			
12.	· · · ·	OFFICERS	AND DIRECTORS	13.	·	ADDITIONS/CHANGES TO OFFICERS			
TITLE	0		☐ DELETE	1.1 TITLE	1		Change	☐ Addition	
NAME		L, JOSEPH M.D.		1.2 NAME					
STREET ADDR		GOODLETTE RD			ET ADDRESS				
CITY-ST-ZIP		SFL	- Operate	1.4 CITY-			Change	Addition	
TITLE	0		DELETE	2.1 TITLE	- 1		□ Change	Addition	
NAME		L, MERRYLEE		2.2 NAME	1				
STREET ADDR		GOODLETTE RD			ET ADDRESS				
CITY-ST-ZIP	NAPLES	S FL	DELETE	2.4 CITY			Change	☐ Addition	
TITLE			☐ DECEME	3.1 TITLE			LI Citalige	L Addition	
NAME				3.2 NAME					
STREET ADDR					ET ADDRESS				
CITY-ST-ZIP	·		I Delete	3.4. CITY			☐ Change	Addition	
TITLE	İ		☐ DELETE	4.1 TITLE			Change	LT MORROU	
NAME				4. 2 NAM	-				
STREET ADDR					ET ADDRESS				
CITY-ST-ZIP			DELETE	4.4 CITY			Change	Addition	
TITLE			L Detert	5.1 TITLE			L. J. Ollarige		
NAME				5.2 NAME					
STREET ADDR					ET ADORESS				
CITY-SY-ZIP			T DELET	5.4 CITY-			Change	Addition	
TITLE			☐ DELETE	6.1 TITLE			டு பவழை	- Voortou	
NAME				6.2 NAM					
STREET ADDR			_		ET ADDRESS				
CITY-ST-ZIP	aby cortifu that th	he information supplies	d with this filings has not qualify to	6.4 CITY	ST-ZIP	in Section 119.07(3)(i), Florida Statutes. I furth	er certify that th	ne information	
indica	ated on this enn	ual report or supplem	ental annual report is true and acc	urate and t	hat my signai	ture shall have the same legal effect as if mad	e under oatn; t	natiam an j	
office	er or director of t	he corporation or the	receiver of trystee empowered to detachment with an address.	execute this	s report as re	quired by Chapter 607, Florida Statutes; and t	nat my name a	ppears in	