

2007 FOR PROFIT CORPORATE
ANNUAL REPORT

DOCUMENT # V51716

1. Entity Name
WEST COAST NEUROLOGY, P.A.

FILED

07 JUN -7 AM 7:41

STATE OF FLORIDA
TALLAHASSEE, FLORIDAPrincipal Place of Business
5649 49TH ST N
ST. PETERSBURG, FL 33709Mailing Address
5649 49TH ST N
ST. PETERSBURG, FL 33709

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05312007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3131769

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, HARISH J. M.D.
5649 49TH ST. N
ST. PETERSBURG, FL 33709

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signatures required when changing)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 14, 20079. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PS
PATEL, HARISH J. M
5649 49TH ST. N.
ST. PETERSBURG, FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
400104254824
06/12/07--01008--021 **155.00 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VPT
PATEL, HEMA
5649 49TH ST. N
ST. PETERSBURG, FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
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☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #