2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2017
Secretary of State
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DOCUMENT# 714344

Entity Name: THE FLORIDA SOCIETY OF NEUROLOGY, INC.

Current Principal Place of Business:

4316 NW 21ST TERR
GAINESVILLE, FL 32605

Current Mailing Address:

POB 14096
GAINESVILLE, FL 32604 US

FEI Number: 51-0199459

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CONIDI, FRANCIS DO
1149 NEWELL DRIVE
DEPT. OF NEUROLOGY, ROOM L3-100
GAINESVILLE, FL 32611 US

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.

SIGNATURE: FRANCIS CONIDI, DO 02/09/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	ED
Name	SHIPLEY, JENNIFER
Address	4316 NW 21ST TERR
City-State-Zip:	GAINESVILLE FL 32605

Title	T
Name	GOLDENBERG, JAMES MD
Address	140 JOHN F KENNEDY DR. #140
City-State-Zip:	LAKE WORTH FL 33462

Title	PRESIDENT
Name	CONIDI, FRANCIS DO
Address	FLORIDA CENTER FOR HEADACHE AND SPORTS NEUROLOGY 10377 US HIGHWAY 1, SUITE 104
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	VP
Name	MALATY, IRENE MD
Address	DEPT. OF NEUROLOGY, UNIVERSITY OF FLORIDA 1149 NEWELL DRIVE, ROOM L3-100
City-State-Zip:	GAINESVILLE FL 32611

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JENNIFER SHIPLEY EXECUTIVE DIRECTOR 02/09/2017

Electronic Signature of Signing Officer/Director Detail — Date