**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 14, 2016**
**Secretary of State**
**CC2138597775**

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 04/14/2016

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 |

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|---|---|
| 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<br>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<br>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 04/14/2016

Electronic Signature of Signing Officer/Director Detail — Date