2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2018
Secretary of State
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Entity Name: THE FLORIDA SOCIETY OF NEUROLOGY, INC.

Current Principal Place of Business:

2968 SW 106TH STREET
GAINESVILLE, FL 32608

Current Mailing Address:

P.O. BOX 14096
GAINESVILLE, FL 32604 US

FEI Number: 51-0199459

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MALATY, IRENE DR.
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: IRENE MALATY 01/29/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	EXECUTIVE DIRECTOR
Name	KEEFER, KATHRYN
Address	2968 SW 106TH STREET
City-State-Zip:	GAINESVILLE FL 32608

Title	TREASURER
Name	KULKARNI, VIDYA DR.
Address	MALCOLM RANDALL VAMC 1601 SW ARCHER RD., 11Q / C&P
City-State-Zip:	GAINESVILLE FL 32608

Title	PRESIDENT
Name	MALATY, IRENE DR.
Address	UNIVERSITY OF FLORIDA DEPARTMENT OF NEUROLOGY - MOVEMENT DISORDERS 3450 HULL ROAD
City-State-Zip:	GAINESVILLE FL 32607

Title	VP
Name	GARNER, ROSANNA DR.
Address	VINCENT DI CARLO MD & ASSOCIATES 2835 WEST DELEON STREET, #205
City-State-Zip:	TAMPA FL 32609

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: KATHRYN KEEFER 01/29/2018

Electronic Signature of Signing Officer/Director Detail — Date