

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714344

**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 10491  
TAMPA, FL 33679 US

**FEI Number:** 51-0199459

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAZAR, ILYSSA  
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:** ILYSSA LAZAR

09/15/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR

Name LAZAR, ILYSSA

Address PO BOX 10491

City-State-Zip: TAMPA FL 33679

Title PRESIDENT

Name MONTEITH, TESSA DR.

Address P.O. BOX 10491

City-State-Zip: TAMPA FL 33679

Title TREASURER

Name SAMUELS, JEFFREY DR.

Address P.O. BOX 10491

City-State-Zip: TAMPA FL 33679

Title PRESIDENT-ELECT

Name MCFARLAND , NIKOLAUS DR.

Address P.O. BOX 10491

City-State-Zip: TAMPA FL 33679

*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:** ILYSSA LAZAR

EXECUTIVE DIRECTOR

09/15/2024

Electronic Signature of Signing Officer/Director Detail

Date