

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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:**FINNEY, GLEN MD
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:** GLEN FINNEY, MD

01/09/2014

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	BROCK, CHARLES MD
Address	12901 BRUCE B. DOWNS VA 127 NEUROLOGY
City-State-Zip:	TAMPA FL 33647

Title	PRESIDENT
Name	FINNEY, GLEN MD
Address	1149 NEWELL DRIVE DEPT. OF NEUROLOGY, L3-100
City-State-Zip:	GAINESVILLE FL 32611

Title	VP
Name	MAKKI, ACHRAF MD
Address	BRAIN & SPINE CENTER, LLC 2202 STATE AVE., STE. 201
City-State-Zip:	PANAMA CITY FL 32405

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**

01/09/2014

Electronic Signature of Signing Officer/Director Detail

Date