

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602005

Entity Name: TALLAHASSEE NEUROLOGICAL CLINIC, P.A.**Current Principal Place of Business:**1401 CENTERVILLE RD,
STE 300
TALLAHASSEE, FL 32308**Current Mailing Address:**1401 CENTERVILLE RD,
STE 300
TALLAHASSEE, FL 32308**FEI Number:** 59-1286000**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEE, ALBERT DR.
1401 CENTERVILLE RD
STE 300
TALLAHASSEE, FL 32308 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:** ALBERT S. LEE

01/22/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name MARTIN, JAMES TMD
Address 1401 CENTERVILLE RD #300
City-State-Zip: TALLAHASSEE FL 32308

Title DV
Name AYALA, RICARDO MD
Address 1401 CENTERVILLE ROAD, #300
City-State-Zip: TALLAHASSEE FL 32308

Title DT
Name ORTIZ, WINSTON MD
Address 1401 CENTERVILLE RD #300
City-State-Zip: TALLAHASSEE FL 32308

Title DP
Name RUMANA, CHRISTOPHER SMD
Address 1401 CENTERVILLE RD., STE., 300
City-State-Zip: TALLAHASSEE FL 32308

Title D
Name FUHRMEISTER, JOSHUA MD
Address 1401 CENTERVILLE RD #300
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name LEE, ALBERT S DR.
Address 1401 CENTERVILLE RD,
STE 300
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name LAWSON, MATTHEW DR.
Address 1401 CENTERVILLE RD,
STE 300
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name OLIVER, THOMAS ADAM DR.
Address 1401 CENTERVILLE RD,
STE 300
City-State-Zip: TALLAHASSEE FL 32308

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALBERT LEE

DR.

01/22/2018

Electronic Signature of Signing Officer/Director Detail

Date