

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K56591

Entity Name: TAMPA NEUROLOGY ASSOCIATES, P.A.**Current Principal Place of Business:**2919 SWANN AVE, STE 401
TAMPA, FL 33609**Current Mailing Address:**2919 SWANN AVE, STE 401
TAMPA, FL 33609**FEI Number: 59-2919747****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WATERS, JAMES S JR
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: JAMES S WATERSJR****01/09/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name SERGAY, STEPHEN M DR
Address 2919 SWANN AVE #401
City-State-Zip: TAMPA FL 33609

Title DIRECTOR
Name CASCIONE, MARK M.D.
Address 2919 SWANN AVE #401
City-State-Zip: TAMPA FL

Title DIRECTOR
Name VALDEZ ARROYO, SHERLEY R DR
Address 2919 SWANN AVENUE
SUITE 401
City-State-Zip: TAMPA FL 33609

Title DVS
Name STEEN, SUSAN J DR
Address 2919 SWANN AVE #401
City-State-Zip: TAMPA FL 33609

Title DIRECTOR
Name REDDY, SUNIL S DR
Address 2919 SWANN VENUE
SUITE 401
City-State-Zip: TAMPA FL 33609

Title DIRECTOR
Name REDDY, LINGA V DR.
Address 2919 SWANN AVE, STE 401
City-State-Zip: TAMPA FL 33609

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: STEPHEN M SERGAY MD**PRACTICE MANAGER****01/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date