

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000115855

**Entity Name:** ADVANCED NEUROLOGY OF THE PALM BEACHES, P. A.

**Current Principal Place of Business:**

3375 BURNS ROAD  
SUITE 203  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

3375 BURNS ROAD  
SUITE 203  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:** 26-1277721

**Certificate of Status Desired:** No

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

MCDIVITT, JOHN MESQ.  
101 NORTH J STREET  
SUITE 2  
LAKE WORTH, FL 33460 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ZUNIGA-BARBONI, SYLVIA  
Address 3375 BURNS ROAD, SUITE 203  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title S  
Name ZUNIGA-BARBONI, SYLVIA  
Address 3375 BURNS ROAD, SUITE 203  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title T  
Name ZUNIGA-BARBONI, SYLVIA  
Address 3375 BURNS ROAD, SUITE 203  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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:** SYLVIA ZUNIGA-BARBONI

**PRESIDENT**

**01/24/2017**

Electronic Signature of Signing Officer/Director Detail

Date