

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000051907

**Entity Name:** NEUROLOGY ASSOCIATES OF ORMOND BEACH, P.A.

**Current Principal Place of Business:**

8 MIRROR LAKE DRIVE  
STE A  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

8 MIRROR LAKE DRIVE  
STE A  
ORMOND BEACH, FL 32174

**FEI Number:** 59-3386194

**Certificate of Status Desired:** Yes

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

LANEY, SONYA  
5131 SOUTH RIDGEWOOD AVENUE  
SUITE F  
PORT ORANGE, FL 32127 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:** SONYA LANEY

02/12/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PARTNER  
Name SCOTT, JAMES  
Address 8 MIRROR LAKE DRIVE STE A  
City-State-Zip: ORMOND BEACH FL 32174

Title PARTNER  
Name MCDONALD, DAVID  
Address 8 MIRROR LAKE DRIVE STE A  
City-State-Zip: ORMANDO BEACH FL 32174

Title PARTNER  
Name FULOP, DALIA  
Address 8 MIRROR LAKE DRIVE  
STE A  
City-State-Zip: ORMOND BEACH FL 32174

*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:** JAMES SCOTT

PARTNER

02/12/2025

Electronic Signature of Signing Officer/Director Detail

Date