

**2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P98000067294

**Entity Name:** PALM BEACH NEUROLOGY, P.A.

**Current Principal Place of Business:**

4631 N CONGRESS AVE.  
SUITE 200  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

4631 N CONGRESS AVE.  
SUITE 200  
WEST PALM BEACH, FL 33407 US

**FEI Number:** 65-0848900

**Certificate of Status Desired:** No

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

JERRELL, CAROL  
4631 N CONGRESS AVE, STE 200  
WEST PALM BEACH, FL 33407 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 VP  
Name MARTINEZ, WALTER CMD  
Address 4631 N CONGRESS AVE SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33407

Title VP  
Name WINNER, PAUL KDO  
Address 4631 N CONGRESS AVE SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33407

Title VP  
Name BUTERA, LOUIS JDO  
Address 4631 N CONGRESS AVE SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33407

Title VP  
Name STONE , REED  
Address 4631 N CONGRESS AVE.  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33407

*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:** REED STONE

VP

04/06/2020

Electronic Signature of Signing Officer/Director Detail

Date