2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2011
Secretary of State

DOCUMENT# 485144

Entity Name: WEST COAST CHILD NEUROLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

5106 N ARMENIA AVE
SUITE 5
TAMPA, FL 33603 US

New Principal Place of Business:

Current Mailing Address:

5106 N ARMENIA AVE
SUITE 5
TAMPA, FL 33603 US

New Mailing Address:

FEI Number: 59-1621373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUNDERMAN, J RICHARD
5106 N ARMENIA
SUITE 5
TAMPA,, FL 33603 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: GUNDERMAN, J RICHARD
Address: 5106 N. ARMENIA AVE. #5
City-St-Zip: TAMPA, FL 33603 US

Title: D
Name: SWANK, RALPH L
Address: 4520 N ARMENIA AVE
City-St-Zip: TAMPA, FL 33607 US

Title: D
Name: GUGGINO, G S
Address: 3109 SWANN AVENUE
City-St-Zip: TAMPA, FL 33609 US

Title: D
Name: GUNDERMAN, RICHARD
Address: 5106 N. ARMENIA AVE. #5
City-St-Zip: TAMPA, FL 33603 US

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: J RICHARD GUNDERMAN M.D. PD 04/27/2011

Electronic Signature of Signing Officer or Director Date