

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000000980

FILED  
Jan 13, 2011  
Secretary of State

**Entity Name:** NEUROLOGY MOBILE SYSTEM ASSOCIATES INC.

**Current Principal Place of Business:**

7374 S.W. 93 AVENUE  
SUITE 201  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

7374 S.W. 93 AVENUE  
SUITE 201  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** 65-1180239

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALFARO, MICHAEL  
7374 SW 93 AVENUE  
SUITE 201  
MIAMI, FL 33173 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: D  
Name: ALFARO, MARILYN R  
Address: 7374 SW 93 AVE, SUITE 201  
City-St-Zip: MIAMI, FL 33165

Title: P  
Name: ALFARO, MARILYN R  
Address: 7374 SW 93 AVE, SUITE 201  
City-St-Zip: MIAMI, FL 33165

Title: VP  
Name: ALFARO, MICHAEL  
Address: 7374 SW 93RD AVE, SUITE 201  
City-St-Zip: MIAMI, FL 33173

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: MARILYN ALFARO

D

01/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date