

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049576

FILED  
Jan 18, 2010  
Secretary of State

**Entity Name:** COMPREHENSIVE NEUROLOGY CLINIC P.A

**Current Principal Place of Business:**

250 NORTH ALFAYA TRAIL, STE. 115  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

250 NORTH ALFAYA TRAIL, STE. 115  
ORLANDO, FL 32828

**New Mailing Address:**

FEI Number: 84-1652443

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EL-SAID, REFAAT  
250 NORTH ALFAYA TRAIL, STE. 115  
ORLANDO, FL 32828 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: OD  
Name: EL-SAID, REFAAT  
Address: 250 NORTH ALFAYA TRAIL, STE. 115  
City-St-Zip: ORLANDO, FL 32828

Title: V  
Name: DAHAN, DINA  
Address: 250 NORTH ALFAYA TRL, STE 115  
City-St-Zip: ORLANDO, FL 32808

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: INTESAR TERKAWI

CPA

01/18/2010

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

\_\_\_\_\_ Date