

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049576

**FILED**  
**Feb 04, 2011**  
**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:**

10967 LAKE UNDERHILL RD  
SUITE 148  
ORLANDO, FL 32825

**Current Mailing Address:**

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

**New Mailing Address:**

10967 LAKE UNDERHILL RD  
SUITE 148  
ORLANDO, FL 32825

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:**

EL-SAID, REFAAT  
10967 LAKE UNDERHILL RD  
SUITE 148  
ORLANDO, FL 32828 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: DINA DAHAN

02/04/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: OD  
Name: EL-SAID, REFAAT  
Address: 10967 LAKE UNDERHILL RD SUITE 148  
City-St-Zip: ORLANDO, FL 32825

Title: V  
Name: DAHAN, DINA  
Address: 10967 LAKE UNDERHILL RD SUITE 148  
City-St-Zip: ORLANDO, FL 32825

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: DINA DAHAN

OFFI

02/04/2011

Electronic Signature of Signing Officer or Director

Date