2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2012
Secretary of State

DOCUMENT# P04000049576

Entity Name: COMPREHENSIVE NEUROLOGY CLINIC P.A

Current Principal Place of Business:

10967 LAKE UNDERHILL RD
SUITE 148
ORLANDO, FL 32825

New Principal Place of Business:

Current Mailing Address:

10967 LAKE UNDERHILL RD
SUITE 148
ORLANDO, FL 32825

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
10967 LAKE UNDERHILL RD
SUITE 148
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

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: REFAAT ELSAID PRES 01/11/2012

Electronic Signature of Signing Officer or Director Date