

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000033458

FILED
Mar 29, 2011
Secretary of State

Entity Name: THE NEUROVASCULAR INSTITUTE, INC.

Current Principal Place of Business:

2942 SUSAN AVE.
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 31778
PALM BEACH GARDENS, FL 33420

New Mailing Address:

FEI Number: 26-4746029 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOLWAY, CATHERINE P
2942 SUSAN AVE.
PALM BEACH GARDENS, FL 33410 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: P
Name: HOLWAY, CATHERINE P
Address: 2942 SUSAN AVE.
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP
Name: HOLWAY, ROBERT M
Address: 2942 SUSAN AVE.
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: CATHERINE P HOLWAY

PRES

03/29/2011

Electronic Signature of Signing Officer or Director

Date