

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000086101

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** NEUROPATHY MEDICAL CENTER OF FLORIDA, INC.

**Current Principal Place of Business:**

13700 CYPRESS TERRACE CIRCLE  
FORT MYERS, FL 33907 US

**New Principal Place of Business:**

868 106TH AVE N  
NAPLES, FL 34108 US

**Current Mailing Address:**

13700 CYPRESS TERRACE CIRCLE  
FORT MYERS, FL 33907 US

**New Mailing Address:**

868 106TH AVE N  
NAPLES, FL 34108 US

**FEI Number:** 27-3727828

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INTEGRATED HEALTHCARE SOLUTIONS, INC.  
868 106TH AVE N  
NAPLES, FL 34108 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: PHAM, CHRISTOPHER  
Address: 868 106TH AVE N  
City-St-Zip: NAPLES, FL 34108 US

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: CHRISTOPHER PHAM

PRES

03/08/2011

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

\_\_\_\_\_ Date