2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004
Secretary of State

DOCUMENT# P94000000577

Entity Name: NEUROLOGY CLINIC, P.A.

Current Principal Place of Business:

1333 PINE ST
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1333 PINE ST
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-3217785 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCLELLAND, CLIFTON A JR.
1901 S HARBOR CITY BLVD
SUITE 500
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

BOYD AND MARKS
709 S HARBOR CITY BLVD
SUITE 230
MELBOURNE, FL 32901 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: DOUG MARKS 02/03/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LOZITO, JOHN C
Address: 1333 PINE ST
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN C. LOZITO, M.D. PRES 02/03/2004
Electronic Signature of Signing Officer or Director Date