

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000000577

Entity Name: NEUROLOGY CLINIC, P.A.

FILED  
Jan 07, 2008  
Secretary of State

## 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:

BOYD AND MARKS  
709 S HARBOR CITY BLVD  
SUITE 230  
MELBOURNE, FL 32901 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

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 exemption stated in Chapter 119, 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

MD

01/07/2008

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

\_\_\_\_\_  
Date