FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000000577

1. Entity Name

Neurology Clinic, P.A.

FILED
03 NOV 19 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500024061295
11/13/03--01063--010 **750.00

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

2. Principal Place of Business	3. Mailing Address
1333 Pine Street Suite, Apt. #, etc.	1333 Pine Street Suite, Apt. #, etc.
City & State: Melbourne, FL 32901	City & State: Melbourne, FL 32901
Zip: 32901 Country: USA	Zip: 32901 Country: USA

4. FEI Number: 593217785 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Clifton A. McClelland, Jr.

Street Address (P.O. Box Number is Not Acceptable): 1901 S. Harbor City Boulevard Suite 500

City: Melbourne **FL** Zip Code: 32901

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Clifton A. McClelland, Jr. 11-13-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director John C. Lozito 1333 Pine Street Melbourne, FL 32901
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] John C. Lozito, Pres. 11/14/03 321-984-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #