

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000056702

Entity Name: NEUROLOGY, P.A.

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

4161 TAMIAMI TRAIL, SUITE 201  
PORT CHARLOTTE, FL 33952

## **New Principal Place of Business:**

4161 TAMIAMI TRAIL  
SUITE 201  
PORT CHARLOTTE, FL 33952

## **Current Mailing Address:**

4161 TAMIAMI TRAIL, SUITE 201  
PORT CHARLOTTE, FL 33952

## **New Mailing Address:**

4161 TAMIAMI TRAIL  
SUITE 201  
PORT CHARLOTTE, FL 33952

FEI Number: 65-0933347

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LI, GEORGE M.D.  
4161 TAMIAMI TRAIL, SUITE 201  
PORT CHARLOTTE, FL 33952 US

## **Name and Address of New Registered Agent:**

LI, GEORGE M.D.  
4161 TAMIAMI TRAIL  
SUITE 201  
PORT CHARLOTTE, FL 33952 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:

01/16/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: D  
Name: LI, GEORGE M.D.  
Address: 4161 TAMIAMI TRAIL, SUITE 201  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D  
Name: MONTOYA, LILIANA M.D.  
Address: 4161 TAMIAMI TRAIL, SUITE 201  
City-St-Zip: PORT CHARLOTTE, FL 33952

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: GEORGE LI, MD

D

01/16/2012

Electronic Signature of Signing Officer or Director

Date