

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S47488

FILED  
Jan 07, 2011  
Secretary of State

**Entity Name:** NEUROLOGY AND ELECTROMYOGRAPHY CONSULTANTS, P.A.

**Current Principal Place of Business:**

1400 S. ORLANDO AVENUE  
SUITE 301  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

1400 S. ORLANDO AVENUE  
SUITE 301  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 59-3061928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OPPEHNEIM, RONALD E.  
1400 S. ORLANDO AVENUE  
SUITE 301  
WINTER PARK, FL 32789 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: PTD  
Name: OPPENHEIM, RONALD E.  
Address: 1400 S. ORLANDO AVENUE  
City-St-Zip: WINTER PARK, FL

Title: SD  
Name: ARAGON, ERIK  
Address: 1400 S. ORLANDO AVE.  
City-St-Zip: WINTER PARK, FL

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: RONALD OPPENHEIM

PTD

01/07/2011

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

\_\_\_\_\_  
Date