

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000045450

**Entity Name:** PINES NEUROLOGICAL ASSOCIATES INC.

**Current Principal Place of Business:**

600 N. HIATUS RD.  
SUITE #201  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

3493 BIRCH TERRACE  
DAVIE, FL 33330

**FEI Number:** 65-1011385

**Certificate of Status Desired:** No

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

ROBBINS, DAVID  
3493 BIRCH TERRACE  
DAVIE, FL 33330 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            ROBBINS, DAVID  
Address        3493 BIRCH TERRACE  
City-State-Zip: DAVIE FL 33330

*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:** DAVID ROBBINS

**PRESIDENT**

**01/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date