

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000104719

FILED
Jan 26, 2016
Secretary of State
CC1542208340

Entity Name: MIAMI NEUROLOGY & REHABILITATION SPECIALISTS, INC.

Current Principal Place of Business:

5975 SUNSET DRIVE.
SUITE 405
MIAMI, FL 33143

Current Mailing Address:

5975 SUNSET DRIVE.
SUITE 405
MIAMI, FL 33143

FEI Number: 30-0117432

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTIN, CAROLYN
5975 SUNSET DRIVE.
SUITE 405
MIAMI, FL 33143 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, D
Name NICHOLAS, GAZO
Address 5975 SUNSET DRIVE. SUITE 405
City-State-Zip: MIAMI FL 33143

Title VP
Name MARTIN, CAROLYN
Address 5975 SUNSET DRIVE. SUITE 405
City-State-Zip: MIAMI FL 33143

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: NICHOLAS GAZO

P,D

01/26/2016

Electronic Signature of Signing Officer/Director Detail

Date