

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000049576

**Entity Name:** COMPREHENSIVE NEUROLOGY CLINIC P.A

**Current Principal Place of Business:**

10967 LAKE UNDERHILL RD  
SUITE 148  
ORLANDO, FL 32825

**Current Mailing Address:**

10967 LAKE UNDERHILL RD  
SUITE 148  
ORLANDO, FL 32825

**FEI Number:** 84-1652443

**Certificate of Status Desired:** No

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

EL-SAID, REFAAT  
10967 LAKE UNDERHILL RD  
SUITE 148  
ORLANDO, FL 32828 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            OD  
Name            EL-SAID, REFAAT  
Address        10967 LAKE UNDERHILL RD SUITE  
                  148  
City-State-Zip: ORLANDO FL 32825

Title            V  
Name            DAHAN, DINA  
Address        10967 LAKE UNDERHILL RD SUITE  
                  148  
City-State-Zip: ORLANDO FL 32825

*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:** DAHAN, DINA

V

02/10/2015

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

\_\_\_\_\_  
Date