**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 08, 2016**
**Secretary of State**
**CC7364778961**

DOCUMENT# P09000033458

**Entity Name:** THE NEUROVASCULAR INSTITUTE, INC.

**Current Principal Place of Business:**

10904 MYRTLE OAK CT
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

PO BOX 31778
PALM BEACH GARDENS, FL 33420

**FEI Number: 26-4746029**

**Certificate of Status Desired:** No

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

HOLWAY, CATHERINE P
10904 MYRTLE OAK CT
PALM BEACH GARDENS, FL 33410 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 | Title | VP |
| Name | HOLWAY, CATHERINE P | Name | HOLWAY, ROBERT M |
| Address | 10904 MYRTLE OAK CT | Address | 10904 MYRTLE OAK CT |
| City-State-Zip: | PALM BEACH GARDENS FL 33410 | City-State-Zip: | PALM BEACH GARDENS FL 33410 |

*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: CATHERINE P HOLWAY PRESIDENT 03/08/2016

Electronic Signature of Signing Officer/Director Detail — Date