

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000086101

Entity Name: NEUROPATHY MEDICAL CENTER OF FLORIDA, INC.

Current Principal Place of Business:

2515 NORTHBROOKE PLAZA DRIVE
SUITE 200
NAPLES, FL 34119

Current Mailing Address:

2515 NORTHBROOKE PLAZA DRIVE
SUITE 200
NAPLES, FL 34119 US

FEI Number: 27-3727828

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INTEGRATED HEALTHCARE SOLUTIONS, INC.
2515 NORTHBROOKE PLAZA DRIVE
SUITE 200
NAPLES, FL 34119 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 PHAM, CHRISTOPHER
Address 2515 NORTHBROOKE PLAZA DRIVE,
SUITE 200
City-State-Zip: NAPLES FL 34119

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: DR. CHRISTOPHER PHAM

PRES/CEO

02/15/2014

Electronic Signature of Signing Officer/Director Detail

Date