## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000056702

Entity Name: NEUROLOGY, P.A.

# **Current Principal Place of Business:**

4161 TAMIAMI TRAIL SUITE 201

PORT CHARLOTTE, FL 33952

# **Current Mailing Address:**

4161 TAMIAMI TRAIL SUITE 201 PORT CHARLOTTE, FL 33952

FEI Number: 65-0933347 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

LI, GEORGE M.D.
4161 TAMIAMI TRAIL
SUITE 201
PORT CHARLOTTE EL 33063

PORT CHARLOTTE, FL 33952 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

FILED Jan 09, 2014

**Secretary of State** 

CC1709158022

#### Officer/Director Detail:

Title D Title D

Name LI, GEORGE M.D. Name MONTOYA, LILIANA M.D.

Address 4161 TAMIAMI TRAIL, SUITE 201 Address 4161 TAMIAMI TRAIL, SUITE 201
City-State-Zip: PORT CHARLOTTE FL 33952 City-State-Zip: PORT CHARLOTTE FL 33952

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: GEORGE LI, MD

**PRESIDENT** 

01/09/2014