

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S47488

**Entity Name:** NEUROLOGY AND ELECTROMYOGRAPHY CONSULTANTS, P.A

**Current Principal Place of Business:**

1400 S. ORLANDO AVENUE  
SUITE 301  
WINTER PARK, FL 32789

**Current Mailing Address:**

1400 S. ORLANDO AVENUE  
SUITE 301  
WINTER PARK, FL 32789

**FEI Number:** 59-3061928

**Certificate of Status Desired:** No

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

OPPEHNEIM, RONALD E.  
1400 S. ORLANDO AVENUE  
SUITE 301  
WINTER PARK, FL 32789 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           PTD  
Name           OPPENHEIM, RONALD E.  
Address       1400 S. ORLANDO AVENUE  
City-State-Zip: WINTER PARK FL

Title           SD  
Name           ARAGON, ERIK  
Address       1400 S. ORLANDO AVE.  
City-State-Zip: WINTER PARK FL

*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:** RONALD OPPENHEIM MD

**PRESIDENT**

**01/16/2014**

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

\_\_\_\_\_  
Date