

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 479648

FILED
Apr 23, 2009
Secretary of State

Entity Name: NEUROLOGICAL ASSOCIATES - H. HOOSHMAND, M.D., P.A.

Current Principal Place of Business:

4265 5TH PLACE
VERO BEACH, FL 32968 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6394
VERO BEACH, FL 32961 US

New Mailing Address:

PO BOX 6394
VERO BEACH, FL 32961

FEI Number: 59-1606532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOOSHMAND, HOOSHANG
4265 5TH PLACE
VERO BEACH, FL 32968 US

Name and Address of New Registered Agent:

ALAIMO, ZARA
1535 31ST AVENUE
VERO BEACH, FL 32960 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: ZARA ALAIMO

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CDP () Delete
Name: HOOSHMAND, HOOSHANG
Address: 4265 5TH PLACE
City-St-Zip: VERO BEACH, FL 32968 US

Title: SD () Delete
Name: HOOSHMAND, CLARA J.
Address: 4090 4TH ST.
City-St-Zip: VERO BEACH, FL 32968 US

Title: T () Delete
Name: ALAIMO, ZARA
Address: 1535 31ST AVE
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDP (X) Change () Addition
Name: ALAIMO, ZARA
Address: 1535 31ST AVE
City-St-Zip: VERO BEACH, FL 32960 US

Title: S (X) Change () Addition
Name: SUMMERLIN, KATHY
Address: 4265 5TH PLACE
City-St-Zip: VERO BEACH, FL 32968 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ZARA ALAIMO

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date