

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 479648

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** NEUROLOGICAL ASSOCIATES - H. HOOSMAND, 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:**

HOOSMAND, 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: HOOSMAND, HOOSHANG  
Address: 4265 5TH PLACE  
City-St-Zip: VERO BEACH, FL 32968 US

Title: SD ( ) Delete  
Name: HOOSMAND, 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