

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 479648

FILED
Apr 28, 2010
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:

PO BOX 6394
VERO BEACH, FL 32961

New Mailing Address:

FEI Number: 59-1606532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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: ZARA ALAIMO

_____ Electronic Signature of Signing Officer or Director

CDP

04/28/2010

_____ Date