

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 479648

FILED  
Apr 28, 2010  
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:**

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

CDP

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date