

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600534

FILED  
Jan 27, 2009  
Secretary of State

**Entity Name:** NORMAN, FLATEN, TODD AND HAMMOND NEUROLOGIC CONSULTANTS, P.A.

**Current Principal Place of Business:**

NEUROLOGIC CONSULTANTS, P.A.  
1841 NE 45TH STREET  
FORT LAUDERDALE, FL 33308 US

**New Principal Place of Business:**

**Current Mailing Address:**

NEUROLOGIC CONSULTANTS, P.A.  
150 EAST SAMPLE ROAD, SUITE 330  
POMPANO BEACH, FL 33064 US

**New Mailing Address:**

**FEI Number:** 59-1224054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

FLATEN, PAUL  
1841 N.E. 45TH STREET  
FORT LAUDERDALE, FL 33308 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: DP ( ) Delete  
Name: HAMMOND, THOMAS C  
Address: 2921 NE 46TH ST.  
City-St-Zip: LIGHTHOUSE PT, FL 33064 US

Title: DT ( ) Delete  
Name: ROSENZWEIG, TODD A  
Address: 9921 NW 60TH PLACE  
City-St-Zip: PARKLAND, FL 33076

Title: DAST ( ) Delete  
Name: HARRIS, JONATHAN O  
Address: 3761 NW 24TH AVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete  
Name: TODD, HERBERT M  
Address: 3701 NE 24TH AVENUE  
City-St-Zip: LIGHTHOUSE PT, FL 33064 US

Title: DVP ( ) Delete  
Name: SWERDLOFF, MARC A  
Address: 5012 CHARDONNARY DR  
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: DS ( ) Delete  
Name: TARRAS, SETH C  
Address: 1443 NW 127TH WAY  
City-St-Zip: CORAL SPRINGS, FL 33071 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: PAUL A. FLATEN

D

01/27/2009

Electronic Signature of Signing Officer or Director

Date