

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600534

FILED
Feb 21, 2011
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:

NEUROLOGIC CONSULTANTS, P.A.
1841 N.E. 45TH STREET
FORT LAUDERDALE, FL 33308 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: THOMAS C. HAMMOND, M.D.

02/21/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: HAMMOND, THOMAS C
Address: 2921 NE 46TH ST.
City-St-Zip: LIGHTHOUSE PT, FL 33064 US

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

Title: DAST
Name: HARRIS, JONATHAN O
Address: 3761 NW 99TH AVE
City-St-Zip: CORAL SPRINGS, FL 33065

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

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

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

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: THOMAS C. HAMMOND, M.D.

PRES

02/21/2011

Electronic Signature of Signing Officer or Director

Date