

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602005

FILED
Jan 15, 2008
Secretary of State

Entity Name: TALLAHASSEE NEUROLOGICAL CLINIC, P.A.

Current Principal Place of Business:

1401 CENTERVILLE RD, STE 300
TALLAHASSEE, FL 32308

New Principal Place of Business:

1401 CENTERVILLE RD,
STE 300
TALLAHASSEE, FL 32308

Current Mailing Address:

1401 CENTERVILLE RD, STE 300
TALLAHASSEE, FL 32308

New Mailing Address:

1401 CENTERVILLE RD,
STE 300
TALLAHASSEE, FL 32308

FEI Number: 59-1286000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, J TRUE M.D.
1401 CENTERVILLE RD
STE 300
TALLAHASSEE, FL 32308 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: D () Delete
Name: MARTIN, JAMES T MD
Address: 1401 CENTERVILLE RD #300
City-St-Zip: TALLAHASSEE, FL 32308

Title: DV () Delete
Name: AYALA, RICARDO MD
Address: 1401 CENTERVILLE ROAD, #300
City-St-Zip: TALLAHASSEE, FL 32308

Title: DT () Delete
Name: ORTIZ, WINSTON MD
Address: 1401 CENTERVILLE RD #300
City-St-Zip: TALLAHASSEE, FL 32308

Title: DS () Delete
Name: CUFFE, MARK J MD
Address: 1401 CENTERVILLE RD, STE., 300
City-St-Zip: TALLAHASSEE, FL 32308

Title: DP () Delete
Name: RUMANA, CHRISTOPHER S MD
Address: 1401 CENTERVILLE RD., STE., 300
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: VILDAN, MULLIN MD
Address: 1401 CENTERVILLE RD #300
City-St-Zip: TALLAHASSEE, FL 32308

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: CHRISTOPHER S RUMANA, MD

DP

01/15/2008

Electronic Signature of Signing Officer or Director

Date