

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602005

FILED
Jan 13, 2010
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:

Current Mailing Address:

1401 CENTERVILLE RD,
STE 300
TALLAHASSEE, FL 32308

New Mailing Address:

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
Name: MARTIN, JAMES T MD
Address: 1401 CENTERVILLE RD #300
City-St-Zip: TALLAHASSEE, FL 32308

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

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

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

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

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

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: CHRISTOPHER RUMANA, MD

DP

01/13/2010

Electronic Signature of Signing Officer or Director

Date