2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 627906



FILED Apr 17, 2008 8:00 am Secretary of State

Daytime Phone #

1. Entity Name CENTRAL FLORIDA NEUROLOGIC CONSULTANTS, P.A.					04-17-2008 90018 043 ***150.00				
		VE				** .	ar ı (1 1 41)		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E034	(12/06)		
City & State		City & State	City & State		er 7338	Applied For Not Applicable			
Žip	Country	Zip	Country	5. Certificate	of Status Desired		8.75 Addi		
	6. Name and Address of Current	Name	7. Name and Address of New Registered Agent Name						
	HENDRIK MD PLYMOUTH AVE FL 32720		Street Address (P.O. Box Number is Not Acceptable)						
			City			FL	Zip Code		
the obligat	named entity submits this statement follows of registered agent.	or the purpose of changing its r	egistered office or regist	ered agent, or bo	th, in the State of Fig	orida. I am far	miliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requir	red when reinstating)		DATE		5.56 F 12	
ab (2) FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaig Trust Fund Contri	bution. 🔲 🗛	5.00 May Be ided to Fees	, a , un see				
10.	10. OFFICERS AND DIRECTORS 11.			ADDITIONS	/CHANGES TO OFF	ICERS AND D	IRECTORS		
NAME STREET ADDRESS CITY-ST-ZIP	P DINKLA, HENDRIK 742 WEST PLYMOUTH AVE DELAND, FL 32720	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CORAK, JEFFREY S 742 WEST PLYMOUTH AVE DELAND, FL 32720	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the same of	□ Delete	TITLE NAME STREET ADDRESS CITY: ST-ZIP	+ (++ + - 1 - 2,2 2,			Change	Addition	
12. I hereby indicated of the co-changed	certify that the information supplied wit fon this report or supplemental report rporation or the receiver or trustee emp , or on an attachment with an address.	h this filing does not qualify for is true and accurate and that m powered to execute this report a with all other like empowered.	the exemptions contain y signature shall have th is required by Chapter 6		9, Florida Statutes. I ct as if made under es; and that my nam	92	that the in an officer Block 10 or 86 - 7	J 6	