

**2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 627906

**FILED  
Apr 02, 2012  
Secretary of State**

**Entity Name:** CENTRAL FLORIDA NEUROLOGIC CONSULTANTS, P.A.

**Current Principal Place of Business:**

742 WEST PLYMOUTH AVE  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

742 WEST PLYMOUTH AVE  
DELAND, FL 32720

**New Mailing Address:**

FEI Number: 59-1917338

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DINKLA, HENDRIK  
742 WEST PLYMOUTH AVE  
DELAND, FL 32720 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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: DINKLA, HENDRIK  
Address: 742 WEST PLYMOUTH AVE  
City-St-Zip: DELAND, FL 32720

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: HENDRIK DINKLA

PRES

04/02/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date