2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

ATURE AND TYPED OR PRINTED NAME OF

SIGNING OFFICER OR DIRECTOR

Aug 25, 2005 8:00 am Secretary of State **DOCUMENT # 680343** 1. Entity Name 07-25-2005 90098 005 ***150.00 OCALA NEURODIAGNOSTIC CENTER, P.A. 08-25-2005 90002 043 ***400.00 Principal Place of Business Mailing Address 1901 SE 18TH AVE BLDG 400 A OCALA FL 34471 1901 SE 18TH AVE BLDG 400 A OCALA FL 34471 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2012132 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -NG,-KEN-Street Address (P.O. Box Number is Not Acceptable) 1901 SE 18TH AVE **BUILDING 400A** OCALA FL 34471 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typed or printed neme of registered agont and title if applicable (NOTE Registried Agent signature required when remistating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE ☐ Delete DILE ☐ Change ☐ Addition NAME NG KEN MALIC STREET ADDRESS 1901 SE 18TH AVE BLDG 400A STREET ADDRESS CITY - ST - ZIP OCALA FL 34471 CITY-ST-7IP IIILE ☐ Delete TITLE ☐ Change Addition HOWELL, GREGORY J. MAME HAME STREET ADDRESS 1901 SE 18TH AVE BLDG 400A STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 CITY-ST-ZIP 61116 n ☐ Detete UNE ☐ Change Addition GAUDIER, JOSE NAME STREET ADDRESS STREET ADDRESS 1901 SE 18TH AVE BLDG 400A CITY-51-7IP OCALA FL 34471 Q114-51-7P TITLE ☐ Delete TIFLE ☐ Change ■ Addition GAYA, WILLIAM NAME ZIAME 1901 SE 18TH AVE BLDG 400A STREET ADDRESS STREET ADDRESS CITY - 51 - 71P OCALA FL 34471 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS C114-51-21P CITY-ST-7IP TITLE ☐ Detete THILE Change ☐ Addition HAME NAMÉ STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST-7/P 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attention, with an address, with all other fixe empowered.

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