2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 680343

1. Entity Name
OCALA NEURODIAGNOSTIC CENTER, P.A.

FILED
06 DEC 13 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09252006 REIN-P CR2E098 (11/05) 06

Principal Place of Business	Mailing Address
1901 SE 18TH AVE BLDG 400 A OCALA, FL 34471 US	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
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
59-2012132
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NG, KEN
1901 SE 18TH AVE
BUILDING 400A
OCALA, FL 34471

7. Name and Address of New Registered Agent

Name: GREGORY Howell
Street Address (P.O. Box Number is Not Acceptable): 1901 SE 18Ave Building 400
Ocala FL 34471
City: Ocala FL Zip Code: 34471

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: Gregg J Howell 9/26/06
Signature required when reinstating (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2007, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NG, KEN 1901 SE 18TH AVE BLDG 400A OCALA, FL 34471	☒ Delete	☐ Change ☐ Addition	700080543177 10/06/06--01012--011 **750.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWELL, GREGORY J. 1901 SE 18TH AVE BLDG 400A OCALA, FL 34471	☐ Delete	☒ Change ☐ Addition	Registered agent
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAUDIER, JOSE 1901 SE 18TH AVE BLDG 400A OCALA, FL 34471	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAYA, WILLIAM 1901 SE 18TH AVE BLDG 400A OCALA, FL 34471	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attachment with an address, with all other like empowered. GREGORY J. HOWELL, M.D.

SIGNATURE: Gregg J Howell M D 9/26/06 (352)732-7095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone Number

B. Mitchell DEC 13 2006