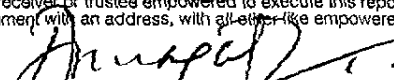


FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # H63130 1. Entity Name FLORIDA NEUROLOGY, P.A.				Secretary of State					
Principal Place of Business % BHUPINDER S. MANGAT, M.D. 1403 MEDICAL PLAZA DRIVE, SUITE #204 SANFORD, FL 32771		Mailing Address % BHUPINDER S. MANGAT, M.D. 1403 MEDICAL PLAZA DRIVE, SUITE #204 SANFORD, FL 32771		 02082006 No Chg-P CR2E034 (11/05)					
DO NOT WRITE IN THIS SPACE				<table border="1"><tr><td>4. FEI Number 59-2540887</td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td>5. Certificate of Status Desired <input type="checkbox"/></td><td>\$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 59-2540887	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
4. FEI Number 59-2540887	Applied For <input type="checkbox"/> Not Applicable								
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required								
6. Name and Address of Current Registered Agent MANGAT, BHUPINDER S. M.D. 1403 MEDICAL PLAZA DRIVE SUITE 204 SANFORD, FL 32771				DO NOT WRITE IN THIS SPACE					
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS		 DO NOT WRITE IN THIS SPACE							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PTD MANGAT, BHUPINDER S. 1403 MEDICAL PLAZA DR, SUITE 204 SANFORD, FL							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VPSD SHANMUGHAM, SAMPATHKUMAR 1403 MEDICAL PLAZA DRIVE, SUITE 204 SANFORD, FL							
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
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.									
SIGNATURE: 		BHUPINDER S. MANGAT, M.D. 3/23/06 (407) 321-1080							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____							