


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 A
Secretary of State

DOCUMENT # H63130 1. Entity Name FLORIDA NEUROLOGY, P.A.	
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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
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04042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2540887	Applied For 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.

N/A

SIGNATURE _____ DATE 4/9/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/20/07-80119-019 150.00

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: B. Mangat DATE 4/9/07 DAYTIME PHONE (407) 321-1080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR