


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # H63130		
1. Entity Name FLORIDA NEUROLOGY, P.A.		
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	



01042008 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.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000777852
01/10/08-80025-008 150.00

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 **BHUPINDER S. MANGAT, M.D.** 407 321-1080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1/7/08