

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H63130

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: FLORIDA NEUROLOGY, P.A.

## Current Principal Place of Business:

% BHUPINDER S. MANGAT, M.D.  
1403 MEDICAL PLAZA DRIVE, SUITE #204  
SANFORD, FL 32771

## New Principal Place of Business:

FLORIDA NEUROLOGY P.A.  
755 STIRLING CENTER PLACE  
LAKE MARY, FL 32746

## Current Mailing Address:

% BHUPINDER S. MANGAT, M.D.  
1403 MEDICAL PLAZA DRIVE, SUITE #204  
SANFORD, FL 32771

## New Mailing Address:

FLORIDA NEUROLOGY P.A.  
755 STIRLING CENTER PLACE  
LAKE MARY, FL 32746

FEI Number: 59-2540887

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MANGAT, BHUPINDER S. M.D.  
1403 MEDICAL PLAZA DRIVE  
SUITE 204  
SANFORD, FL 32771 US

## Name and Address of New Registered Agent:

SHANMUGHAM, SAMPATHKUMAR M.D.  
755 STIRLING CENTER PLACE  
LAKE MARY, FL 32746 US

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.

SIGNATURE: SAMPATHKUMAR SHANMUGHAM M.D.

01/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: MANGAT, BHUPINDER S.,  
Address: 1403 MEDICAL PLAZA DR, SUITE 204  
City-St-Zip: SANFORD, FL

Title: VPSD ( ) Delete  
Name: SHANMUGHAM, SAMPATHKUMAR  
Address: 1403 MEDICAL PLAZA DRIVE, SUITE 204  
City-St-Zip: SANFORD, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: SHANMUGHAM, SAMPATHK, UMAR  
Address: 755 STIRLING CENTER PLACE  
City-St-Zip: LAKE MARY, FL 32746

Title: VPSD (X) Change ( ) Addition  
Name: GIZAW, ELIAS  
Address: 755 STIRLING CENTER PLACE  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Change (X) Addition  
Name: SHEKHADIA, NITESH  
Address: 755 STIRLING CENTER PLACE  
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMPATHKUMAR SHANMUGHAM M.D.

PSD

01/06/2009

Electronic Signature of Signing Officer or Director

Date