2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

DOCUMENT# H63130

Entity Name: FLORIDA NEUROLOGY, P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2540887 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PTD
Name: SHANMUGHAM, SAMPATHKUMAR
Address: 755 STIRLING CENTER PLACE
City-St-Zip: LAKE MARY, FL 32746

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

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

I hereby 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 all other like empowered.

SIGNATURE: SAMPATHKUMAR SHANMUGHAM PTD 04/18/2011

Electronic Signature of Signing Officer or Director — Date