

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000378

FILED  
Feb 12, 2007  
Secretary of State

**Entity Name:** CHILD NEUROLOGY PRACTICES OF FLORIDA, INC.

**Current Principal Place of Business:**

5153 NORTH 9TH AVENUE  
SUITE 300  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

5153 NORTH 9TH AVENUE  
SUITE 300  
PENSACOLA, FL 32504

**New Mailing Address:**

**FEI Number:** 20-4101045

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHELL, STEPHEN B  
226 PALAFOX PLACE  
NINTH FLOOR  
PENSACOLA, FL 32502 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Change (X) Addition  
Name: RENFROE, JAMES B PRES  
Address: 5153 NORTH 9TH AVENUE, SUITE 300  
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENFROE, JAMES B.

P

02/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date