2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002938

FILED Apr 30, 2012 Secretary of State

Entity Name: TW FLORIDA STROKE NETWORK, INC.

Current Principal Place of Business: New Principal Place of Business:

5338 1ST AVENUE NORTH ST PETERSBURG, FL 33710

Current Mailing Address: New Mailing Address:

P O BOX 578

BONITA SPRINGS, FL 34133

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

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

COLEMAN, WILLIAM T BRINKLEY MORGAN 200 EAST LAS OLAS BLVD, 19TH FLOOR

ST PETERSBURG, FL 33301 US

MASON, BRIAN 526 N YACHTSMAN DR SANIBEL, FL 33957 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: BRIAN MASON 04/30/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: [

 Name:
 MASON, BRIAN J MD

 Address:
 526 NORTH YACHTSMAN DR

 City-St-Zip:
 SANIBEL, FL 33957

Title:

Name: ESKIOGLU, ERIC MD

Address: 14771 JONATHAN HARBOUR DR

City-St-Zip: FT MYERS, FL 33908

Title:

Name: GAVIN, JEFFREY R

Address: GAVIN LAW FIRM,7800 UNIV. POINTE DR #100

City-St-Zip: FT MYERS, FL 33907

Title:

Name: JOHNSON, KATHLEEN K CPA

Address: MILLER, HELMS & FOLK 6326 WHISKEY CREEK DR

City-St-Zip: FT MYERS, FL 33919

Title:

Name: RAZACK, NASSER

Address: 200 2ND AVENUE SOUTH, #513 City-St-Zip: ST PETERSBURG, FL 33701

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN MASON MD 04/30/2012