

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000033541

FILED
May 01, 2011
Secretary of State

Entity Name: THE ACADEMIC NEUROLOGY NETWORK, INC.

Current Principal Place of Business:

7900 N.W. 33RD STREET
STE 101
DAVIE, FL 33024

New Principal Place of Business:

11850 W. STATE ROAD 84
STE A7
DAVIE, FL 33325

Current Mailing Address:

11850 W. STATE ROAD 84
SUITE A7
DAVIE, FL 33325

New Mailing Address:

FEI Number: 65-0998782 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SUITE, NICHOLAS D.A.
7900 NORTHWEST 33RD STREET
DAVIE, FL 33024 US

Name and Address of New Registered Agent:

SUITE, NICHOLAS D.A.
11850 W. STATE ROAD 84
SUITE A7
DAVIE, FL 33325 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: _____

Electronic Signature of Registered Agent

05/01/2011

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SUITE, NICHOLAS D.A.
Address: 11850 W. STATE ROAD 84
City-St-Zip: DAVIE, FL 33325

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: NICHOLAS D. A. SUITE

PD

05/01/2011

Electronic Signature of Signing Officer or Director

Date