2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2005
Secretary of State

DOCUMENT# P00000075115

Entity Name: ST. PETERSBURG NEUROLOGY CLINIC, P.A.

Current Principal Place of Business:

1099 5TH AVENUE NORTH
SUITE 300
SAINT PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

1099 5TH AVENUE NORTH
SUITE 300
SAINT PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 59-3661648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANKLIN, MICHAEL A MD
1099 5TH AVENUE NORTH
SUITE 300
SAINT PETERSBURG, FL 33705 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: MICHAEL A. FRANKLIN, MD

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VST ( ) Delete
Name: FRANKLIN, MICHAEL A M.D.
Address: 1099 5TH AVNEUE NORTH SUITE 300
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: P ( ) Delete
Name: WEISS, ALLAN S M.D.
Address: 1099 5TH AVENUE NORTH SUITE 300
City-St-Zip: SAINT PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALLAN WEISS, MD PRES 10/05/2005

Electronic Signature of Signing Officer or Director — Date