

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000075115

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**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:**

ALLEN, WEISS MD  
1099 5TH AVENUE NORTH  
SUITE 300  
SAINT PETERSBURG, FL 33705 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: ALLAN WEISS

01/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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: ALLAN WEISS

PRES

01/13/2011

Electronic Signature of Signing Officer or Director

Date