

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000085860

Entity Name: NEUROLOGY CARE, INC.

**FILED**  
**Jan 15, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

140 HISTORIC BRICK LANE  
SAINT AUGUSTINE, FL 32095

## **New Principal Place of Business:**

1201 ARAPAHO AVE  
SUITE A  
SAINT AUGUSTINE, FL 32084

## **Current Mailing Address:**

140 HISTORIC BRICK LANE  
SAINT AUGUSTINE, FL 32095

## **New Mailing Address:**

FEI Number: 59-3668841

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AMUDHA, PERUMAL  
140 HISTORIC BRICK LANE  
ST AUGUSTINE, FL FL 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: D  
Name: PERUMAL, AMUDHA MD  
Address: 140 HISTORIC BRICK LANE  
City-St-Zip: SAINT AUGUSTINE, FL 32095

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: AMUDHA PERUMAL

D

01/15/2012

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

\_\_\_\_\_  
Date