

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000091631

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: NEOLINK PHYSICIANS, P.A.

## Current Principal Place of Business:

110 LONGWOOD AVENUE  
ROCKLEDGE, FL 32955

## New Principal Place of Business:

93 DELANNOY AVE  
302  
COCOA, FL 32922

## Current Mailing Address:

P.O. BOX 716  
COCOA, FL 329230716

## New Mailing Address:

FEI Number: 59-3676992      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUBOIS, RONALD A CPA  
351 BROOKCREST CIRCLE  
ROCKLEDGE, FL 32955      US

## Name and Address of New Registered Agent:

DUBOIS, RONALD A CPA  
11 S. PALMWAY AVE  
ROCKLEDGE, FL 32955      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

04/30/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT      ( ) Delete  
Name: DIAZ, JAVIER M.D.  
Address: 93 DELANNOY AVE., #302  
City-St-Zip: COCOA, FL 32922

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAVIER DIAZ

Electronic Signature of Signing Officer or Director

PRES

04/30/2009

Date