

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000031526

FILED
Apr 08, 2009
Secretary of State

Entity Name: SOUTH BAY NEUROLOGY AND TOTAL SPINE CARE, P.A.

Current Principal Place of Business:

4051 UPPER CREEK DR, STE 111
SUN CITY CENTER, FL 33573

New Principal Place of Business:

4051 UPPER CREEK DR
SUITE 111
SUN CITY CENTER, FL 33573

Current Mailing Address:

4051 UPPER CREEK DR, STE 111
SUN CITY CENTER, FL 33573

New Mailing Address:

4051 UPPER CREEK DR
SUITE 111
SUN CITY CENTER, FL 33573

FEI Number: 59-3712347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALENCIA, CHRISTOPHER L M.D.
4051 UPPER CREEK DR, STE 111
SUN CITY CENTER, FL 33573 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: VALENCIA, CHRISTOPHER L M.D.
Address: 4051 UPPER CREEK DR, STE 111
City-St-Zip: SUN CITY CENTER, FL 33573

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: CLV

DPST

04/08/2009

Electronic Signature of Signing Officer or Director

Date