

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000047916

FILED
Mar 26, 2009
Secretary of State

Entity Name: NEUROLOGICAL CARE CLINIC, P.A.

Current Principal Place of Business:

1715 EAST HWY. 50
STE. B, BLDG. 3
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

1715 EAST HWY. 50
STE. B, BLDG. 3
CLERMONT, FL 34711 US

New Mailing Address:

FEI Number: 32-0013430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEAN-LOUIS, GOTTFRIED G
1715 EAST HWY. 50,
STE. B, BLDG. 3
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

JEAN-LOUIS, GOTTFRIED G MD
1715 EAST HWY. 50,
STE. B, BLDG. 3
CLERMONT, FL 34711 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: GOTTFRIED G. JEAN-LOUIS

03/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: JEAN-LOUIS, GOTTFRIED G
Address: 10812 CRESCENT RIDGE LOOP
City-St-Zip: CLERMONT, FL 34711

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: GOTTFRIED G. JEAN-LOUIS

MD

03/26/2009

Electronic Signature of Signing Officer or Director

Date