

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90282 018 ***150.00

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02152005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000065955 1. Entity Name CENTRAL FLORIDA NEUROLOGY, P.A.					
Principal Place of Business 720 W OAK ST STE 210 KISSIMMEE, FL 34741-4938			Mailing Address 717 E. OAK STREET KISSIMMEE, FL 34744		
2. Principal Place of Business 515 West Orange Street		3. Mailing Address Suite, Apt. #, etc. # A			
City & State Kissimmee, FL		City & State Kissimmee, FL		4. FEI Number 02-0617473	
Zip 34741		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAUMRUK, ANDY J CPA 717 E OAK ST KISSIMMEE, FL 34744				7. Name and Address of New Registered Agent Name Najeeb A. Zuberi, MD Street Address (P.O. Box Number is Not Acceptable) 515 West Orange Street # A City Kissimmee FL Zip Code 34741	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: 4/26/05. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ZUBERI, NAJEEB A MD 720 W OAK ST STE 210 KISSIMMEE, FL 347414938	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	515 West Orange Street #A Kissimmee, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE:		4/26/05.			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			