


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 03, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P02000109779 1. Entity Name FLORIDA NEUROLOGY CLINICS, P.A. |  |
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| Principal Place of Business 1258 WEST BAY DRIVE, SUITE H LARGO, FL 33770 | Mailing Address 13378 88TH AVENUE H. SEMINOLE, FL 33776 |
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08172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 11-3657669 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent OKONKWO-ONUIGBO, OBI F MD 1258 WEST BAY DRIVE, STE H LARGO, FL 33770 |
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IN THIS SPACE**

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.

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|---|--|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent, and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|---|--|------------|

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OKONKWO-ONUIGBO, OBI F M.D. 13378 88TH AVENUE N. SEMINOLE, FL 33776 |
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09/03/04-80004-009 158.75

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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 or empowered.

| | | |
|---|------------|-----------------------|
| SIGNATURE:  | DATE _____ | DAYTIME PHONE # _____ |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |