

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109779

FILED
May 01, 2006
Secretary of State

Entity Name: FLORIDA NEUROLOGY CLINICS, P.A.

Current Principal Place of Business:

1258 WEST BAY DRIVE, SUITE H
LARGO, FL 33770

New Principal Place of Business:

Current Mailing Address:

13378 88TH AVENUE N.
SEMINOLE, FL 33776

New Mailing Address:

FEI Number: 11-3657669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OKONKWO-ONUIGBO, OBI F MD
1258 WEST BAY DRIVE, STE H
LARGO, FL 33770 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OKONKWO-ONUIGBO, OBI F M.D.
Address: 13378 88TH AVENUE N.
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: OKONKWO-ONUIGBO, OBI F M.D.
Address: 13378 88TH AVENUE N.
City-St-Zip: SEMINOLE, FL 33776

I hereby certify that the information supplied with this filing does not qualify for the 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: OBI OKONKWO-ONUIGBO

MD

05/01/2006

Electronic Signature of Signing Officer or Director

Date