

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109779

FILED  
Jan 09, 2009  
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:

12645 74TH AVE. 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  
SUITE 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: OKONKWO-ONUIGBO, OBI F M.D.  
Address: 12645 74TH AVE N  
City-St-Zip: SEMINOLE, FL 33776

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition  
Name: OKONKWO-ONUIGBO, OBI F M.D.  
Address: 12645 74TH AVE N  
City-St-Zip: SEMINOLE, FL 33776

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: OBI OKONKWO-ONUIGBO

DR.

01/09/2009

Electronic Signature of Signing Officer or Director

Date