

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000109779

**FILED**  
**Aug 08, 2012**  
**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 (X)**

**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:** OBI OKONKWO-ONUIGBO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

**SIGNATURE:** OBI OKONKWO-ONUIGBO

MD

08/08/2012

Electronic Signature of Signing Officer or Director

Date