

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117992

FILED  
Feb 26, 2010  
Secretary of State

**Entity Name:** NEUROLOGY ASSOCIATES OF SEBRING, P.A.

**Current Principal Place of Business:**

4325 SUN"N LAKE BLVD.  
STE 104  
SEBRING, FL 33872

**New Principal Place of Business:**

**Current Mailing Address:**

4325 SUN"N LAKE BLVD.  
STE 104  
SEBRING, FL 33872

**New Mailing Address:**

**FEI Number:** 27-0035306

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAMKISSOON, BRIDGLAL MD  
4325 SUN N LAKE BLVD  
SEBRING, FL 33872 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: PD  
Name: RAMKISSOON, BRIDGLAL M.D.  
Address: 4325 SUN N. LAKE BLVD STE 104  
City-St-Zip: SEBRING, FL 33872

Title: S  
Name: COLON, MARLY  
Address: 4325 SUN LAKE BLVD SUITE 104  
City-St-Zip: SEBRING, FL 33872

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: BRIDGLAL RAMKISSOON

PRES

02/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date