

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000041030

1. Entity Name
**NEURO DIAGNOSTIC CENTER OF CENTRAL FLORIDA,
P.A.**



Principal Place of Business
**40124 HIGHWAY 27, STE 204
DAVENPORT, FL 33837**

Mailing Address
**40124 HIGHWAY 27, STE 204
SUITE 6
DAVENPORT, FL 33837**



04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0460021	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RIAZ, SHAHID
40124 HIGHWAY 27, STE 204
SUITE 6
DAVENPORT, FL 33837**

**DO NOT WRITE
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RIAZ, SHAHID
STREET ADDRESS	40124 HIGHWAY 27, STE 204
CITY-ST-ZIP	DAVENPORT, FL 33837

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000510150
04/28/06-80071-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-06