2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 24, 2012
Secretary of State

DOCUMENT# P03000041030

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

Current Principal Place of Business:

40124 HIGHWAY 27, STE 204
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

40124 HIGHWAY 27,
STE 204
DAVENPORT, FL 33837

New Mailing Address:

FEI Number: 51-0460021 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIAZ, SHAHID
40124 HIGHWAY 27,
SUITE 204
DAVENPORT, FL 33837 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

OFFICERS AND DIRECTORS:

Title: D
Name: RIAZ, SHAHID
Address: 40124 HIGHWAY 27, STE 204
City-St-Zip: DAVENPORT, FL 33837

Title: VP
Name: SHAHID, FARHANA
Address: 40124 HIGHWAY 27, STE 204
City-St-Zip: DAVENPORT, FL 33837

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: SHAHID RIAZ D 08/24/2012

Electronic Signature of Signing Officer or Director — Date