

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000015613

Entity Name: FLORIDA NEUROLOGY INSTITUTE INC

FILED
Oct 12, 2005
Secretary of State

Current Principal Place of Business:

4783 WHISPERING WIND AVENUE
TAMPA, FL 33614 US

New Principal Place of Business:

3140 NW MEDICAL CENTER LANE
SUITE 100
LAKE CITY, FL 32055 US

Current Mailing Address:

4783 WHISPERING WIND AVENUE
TAMPA, FL 33614 US

New Mailing Address:

3140 NW MEDICAL CENTER LANE
SUITE 100
LAKE CITY, FL 32055 US

FEI Number: 20-0607262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLAMM, MORALES MD
4783 WHISPERING WIND AVENUE
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

ALLAMM, MORALES MD
3140 NW MEDICAL CENTER LANE
SUITE 100
LAKE CITY, FL 32055 US

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: ALLAMM MORALES MD

10/12/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORALES, ALLAMM
Address: 4783 WHISPERING WIND AVENUE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORALES, ALLAMM
Address: 143 SW RED MAPLE WAY
City-St-Zip: LAKE CITY, FL 32024

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALLAMM MORALES MD

P

10/12/2005

Electronic Signature of Signing Officer or Director

Date