2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000015613

Entity Name: FLORIDA NEUROLOGY INSTITUTE INC

FILED Jan 22, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

3140 NW MEDICAL CENTER LANE 704 DOCTORS COURT

SUITE 100 SUITE 101

LAKE CITY, FL 32055 US LEESBURG, FL 34748 US

Current Mailing Address: New Mailing Address:

3140 NW MEDICAL CENTER LANE 704 DOCTORS COURT SUITE 100 SUITE 101

LAKE CITY, FL 32055 US LEESBURG, FL 34748 US

FEI Number: 20-0607262 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

ALLAMM, MORALES MD
704 DOCTORS COURT
SUITE 101
LEESBURG, FL 34748 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: 01/22/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 MORALES, ALLAMM
 Name:

 Address:
 9401 SAN MIGUEL
 Address:

 City-St-Zip:
 LEESBURG, FL 34737
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 01/22/2007