

2010 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 09, 2010
Secretary of State

Entity Name: CHILD NEUROLOGY CENTER OF NORTHWEST FLORIDA, P.A.

Current Principal Place of Business:

5153 NORTH 9TH AVE
STE 300
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

PO BOX 280
GULF BREEZE, FL 32562

New Mailing Address:

FEI Number: 20-0492935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RENFROE, J BENJAMIN
224 NORTHCLIFF DR
GULF BREEZE, FL 32561 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: OWNE
Name: RENFROE, J BENJAMIN M D
Address: 5153 N 9TH AVE STE 300
City-St-Zip: PENSACOLA, FL 32504

Title: OWNE
Name: SUHRBIER, DAVID M DO
Address: 5153 NORTH 9TH AVENUE; SUITE 300
City-St-Zip: PENSACOLA, FL 32504

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: B RENFROE

D

01/09/2010

Electronic Signature of Signing Officer or Director

Date