2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2011
Secretary of State

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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:

400 GULF BREEZE PKWY
GULF BREEZE, FL 32561 US

Current Mailing Address:

PO BOX 280
GULF BREEZE, FL 32562

New Mailing Address:

PO BOX 280
GULF BREEZE, FL 32562 US

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

OFFICERS AND DIRECTORS:

Title: OWNE
Name: RENFROE, J BENJAMIN M D
Address: 400 GULF BREEZE PKWY
City-St-Zip: GULF BREEZE, FL 32561 US

Title: OWNE
Name: SUHRBIER, DAVID M DO
Address: 400 GULF BREEZE PKWY
City-St-Zip: GULF BREEZE, FL 32561 US

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: J BENJAMIN RENFROE, MD OWNE 01/10/2011
Electronic Signature of Signing Officer or Director Date