2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: WEST PALM BEACH NEUROLOGY, P.A.

Current Principal Place of Business:

1035 S. STATE RD. 7, STE 214
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

1035 S. STATE RD. 7, STE 214
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 41-2124483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABDEL-HALIM, M.D., JAMAL MOHAMMAD
4949 S CONGRESS AVE STE A
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

ABDEL-HALIM, M.D., JAMAL MOHAMMAD
1035 SOUTH STATE ROAD 7
214
WELINGTON, FL 33414 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: 03/06/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: M.D.
Name: ABDEL-HALIM, M.D., JAMAL MOHAMMAD
Address: 1035 SOUTH STATE ROAD 7,SUITE 214
City-St-Zip: WELLINGTON, FL 33414

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: JAMAL ABDEL-HALIM M.D. 03/06/2011
Electronic Signature of Signing Officer or Director Date