


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 22, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000049576  
 1. Entity Name  
 COMPREHENSIVE NEUROLOGY CLINIC P.A.



Principal Place of Business      Mailing Address  
 250 NORTH ALFAYA TRAIL, STE. 115      250 NORTH ALFAYA TRAIL, STE. 115  
 ORLANDO, FL 32828      ORLANDO, FL 32828

**DO NOT WRITE IN THIS SPACE**



01302008      No Chg-P      CR2E034 (11/05)

4. FEI Number 84-1652443	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 EL-SAID, REFAAT  
 250 NORTH ALFAYA TRAIL, STE. 115  
 ORLANDO, FL 32828

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD EL-SAID, REFAAT 250 NORTH ALFAYA TRAIL, STE. 115 ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAHAN, DINA 250 NORTH ALFAYA TRL, STE 115 ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/29/08-80005-010 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_      2/16/08      407 2080708  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #