

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90019 026 ***158.75

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1. Entity Name

COUNTRYSIDE NEUROLOGY, INC.



Principal Place of Business

1840 MEASE DR.
407B
SAFETY HARBOR, FL 34695

Mailing Address

P.O. BOX 5048
CLEARWATER, FL 33758 US



01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0924147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KHADEMI-KERMANSHAHI, ARDESHIR
1840 MEASE DR., SUITE 407B
SAFETY HARBOR, FL 34695

**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

Signature, typed or printed name of registered agent and title if applicable.

(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	PRES
NAME	KHADEMI-KERMANSHAHI, ARDESHIR
STREET ADDRESS	394 TALL OAK TRAIL
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	D
NAME	ZAREE, ANAHITA
STREET ADDRESS	1840 MEASE DR., SUITE 407B
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	
NAME	please delete Anahita zaree
STREET ADDRESS	name. Ardashir Kh
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/2008