

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000073469

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Entity Name:** EAST SHORE NEUROLOGY, P.A.

**Current Principal Place of Business:**

240 N, WICKHAM ROAD  
SUITE 110  
MELBOURNE, FL 32935 US

**New Principal Place of Business:**

**Current Mailing Address:**

240 N, WICKHAM ROAD  
SUITE 110  
MELBOURNE, FL 32935 US

**New Mailing Address:**

**FEI Number:** 20-1120819

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KANCILIA, JOHN R ESQ  
1800 W HIBISCUS BLVD STE 138  
MELBOURNE, FL 32901 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:** D  
**Name:** SKIRK, DIANA I M.D.  
**Address:** 240 N, WICKHAM ROAD  
**City-St-Zip:** MELBOURNE, FL 32935 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:** DIANA SKIRK

D

03/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date