2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: PEDIATRIC NEUROLOGY CENTER, PA

Current Principal Place of Business:

5133 SOUTH LAKELAND DR
SUITE # 1
LAKELAND, FL 33813 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 6920
SEFFNER, FL 33583 US

New Mailing Address:

FEI Number: 90-0176400 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QURESHI, MUSARRAT N MD
802 RED ASH CT
SEFFNER, FL 33584 US

Name and Address of New Registered Agent:

QURESHI, MUSARRAT N MD
5133 SOUTH LAKELAND DR
SUITE # 1
LAKELAND, FL 33813 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: _____ 04/07/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: QURESHI, MUSARRAT N MD
Address: 5133 SOUTH LAKELAND DRIVE, SUITE # 1
City-St-Zip: LAKELAND, FL 33813 US

Title: VP
Name: QURESHI, ANIQUE A
Address: 5133 SOUTH LAKELAND DRIVE, SUITE # 1
City-St-Zip: LAKELAND, FL 33813 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: ANIQUE A QURESHI VP 04/07/2011
Electronic Signature of Signing Officer or Director — Date