

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000103835

FILED
Oct 09, 2006
Secretary of State

Entity Name: INPATIENT HOSPITAL NEUROLOGISTS PA

Current Principal Place of Business:

6345 EARTHGOLD DRIVE
WINDEMERE, FL 34786

New Principal Place of Business:

8436 LAKE BURDEN CIRCLE
WINDEMERE, FL 34786

Current Mailing Address:

424 EAST CENTRAL BLVD
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 43-2054998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, EVAN
6345 EARTHGOLD DRIVE
WINDEMERE, FL 34786 US

Name and Address of New Registered Agent:

ALLEN, EVAN
8436 LAKE BURDEN CIRCLE
WINDEMERE, FL 34786 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: EVAN ALLEN

10/09/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: ALLEN, EVAN D CEO
Address: 6345 EARTHGOLD DRIVE
City-St-Zip: WINDEMERE, FL 34786

Title: MS () Delete
Name: ALLEN, DENISE M DIR.
Address: 6345 EARTHGOLD DRIVE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: ALLEN, EVAN D CEO
Address: 8436 LAKE BURDEN CIRCLE
City-St-Zip: WINDEMERE, FL 34786

Title: MS (X) Change () Addition
Name: ALLEN, DENISE M DIR.
Address: 8436 LAKE BURDEN CIRCLE
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EVAN ALLEN

DR

10/09/2006

Electronic Signature of Signing Officer or Director

Date