

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103835

FILED
Jun 15, 2011
Secretary of State

Entity Name: INPATIENT HOSPITAL NEUROLOGISTS PA

Current Principal Place of Business:

8436 LAKE BURDEN CIRCLE
WINDEMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

13506 SUMMERPORT VILLAGE PARKWAY
#413
WINDERMERE, FL 34786

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
8436 LAKE BURDEN CIRCLE
WINDEMERE, FL 34786 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: DR
Name: ALLEN, EVAN D CEO
Address: 8436 LAKE BURDEN CIRCLE
City-St-Zip: WINDEMERE, FL 34786

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

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: EVAN ALLEN

CEO

06/15/2011

Electronic Signature of Signing Officer or Director

Date