

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000121660

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** NEUROLOGY CONSULTANTS OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

4160 W. 16TH AVE.,  
SUITE#100  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

4160 W. 16TH AVE.,  
SUITE#100  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 20-1528804

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZOMERFELD, RAYMOND J  
999 PONCE DE LEON BLVD.,  
#1045  
CORAL GABLES, FL 33134 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: PSTD  
Name: BUSTAMANTE, MARTHA  
Address: 4160 W. 16TH AVE., #100  
City-St-Zip: HIALEAH, FL 33012

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: MARTHA BUSTAMANTE

PSTD

04/26/2011

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

\_\_\_\_\_ Date