## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000121660

FILED Mar 01, 2012 Secretary of State

Entity Name: NEUROLOGY CONSULTANTS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
4160 W. 16TH AVE., SUITE#100 HIALEAH, FL 33012				
Current Mailing Address:		New Mailing Address:		
4160 W. 16TH AVE., SUITE#100 HALEAH, FL 33012				
El Number: 20-1528804	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
ZOMERFELD, RAYMON 999 PONCE DE LEON B #1045 CORAL GABLES, FL 33	LVD.,			
The above named entity s n the State of Florida.	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
Electron	nic Signature of Registered Age	ent	 Date	

## **OFFICERS AND DIRECTORS:**

Title: PSDT

 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 PSDT 03/01/2012