

OCT-25-2005 13:21

P081

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Florida Department of State  
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DEPARTMENT OF STATE  
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**REGISTERED AGENT CHANGE**

**CENTER FOR NEUROLOGICAL DISORDERS P.A.**

Certificate of Status	0
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Center for Neurological Disorders P.A.
2. The principal office address: 12989 Southern Blvd., Suite 203, Loxahatchee, Florida 33470
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 5/19/2005 Document number: P05000073619

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Business Filings Incorporated

1203 Governors Square Blvd., Suite 101

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Zubair Mohammed

12989 Southern Blvd, Suite 203

(P.O. Box NOT acceptable)

Loxahatchee, Florida 33470

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Zubair Mohammed  
(Signature of an officer or director)

Zubair Mohammed, President

(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Zubair Mohammed  
(Signature of Registered Agent)

10/11/2005

(Date)

Zubair Mohammed

If signing on behalf of an entity:

Zubair Mohammed  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

10/11/2005 13:22

TOTAL P.02