2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2007
Secretary of State

DOCUMENT# P05000073619

Entity Name: CENTER FOR NEUROLOGICAL DISORDERS P.A.

Current Principal Place of Business:

12989 SOUTHERN BLVD., STE. 203
203
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

12989 SOUTHERN BLVD., STE. 203
203
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOHAMMED, ZUBAIR
12989 SOUTHERN BLVD., STE. 203
LOXAHATCHEE, FL 33470 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MOHAMMED, ZUBAIR
Address: 12989 SOUTHERN BLVD, SUITE 203
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ZUBAIR MOHAMMED PD 02/04/2007
Electronic Signature of Signing Officer or Director — Date