

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000073619

FILED
Jan 12, 2012
Secretary of State

Entity Name: CENTER FOR NEUROLOGICAL DISORDERS P.A.

Current Principal Place of Business:

13005 SOUTHERN BLVD., STE. 115
115
LOXAHATCHEE, FL 33470

New Principal Place of Business:

13005 SOUTHERN BLVD., STE. 115
115
LOXAHATCHEE, FL 33470 UN

Current Mailing Address:

13005 SOUTHERN BLVD., STE. 115
115
LOXAHATCHEE, FL 33470

New Mailing Address:

13005 SOUTHERN BLVD., STE. 115
115
LOXAHATCHEE, FL 33470 UN

FEI Number: 20-2908764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOHAMMED, ZUBAIR
13005 SOUTHERN BLVD., STE. 115
115
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

OFFICERS AND DIRECTORS:

Title: PD
Name: MOHAMMED, ZUBAIR
Address: 13005 SOUTHERN BLVD, SUITE 115
City-St-Zip: LOXAHATCHEE, FL 33470

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: ZUBAIR MOHAMMED

PD

01/12/2012

Electronic Signature of Signing Officer or Director

Date