2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2011
Secretary of State

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Entity Name: BRIAN D. WOLFF, M.D., P.A.

Current Principal Place of Business:

671 GOODLETTE ROAD N.
SUITE 120
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

NEUROLOGY CENTER
SUITE 120
NAPLES, FL 34109

New Mailing Address:

671 GOODLETTE ROAD N.
SUITE 120
NAPLES, FL 34109

FEI Number: 20-5743208 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLFF, BRIAN D M.D.
NEUROLOGY CENTER
NAPLES, FL 34109 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: PRES
Name: WOLFF, BRIAN D MD
Address: 671 GOODLETTE ROAD N. SUITE 120
City-St-Zip: NAPLES, FL 34109

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: BRIAN D WOLFF PRES 02/09/2011

Electronic Signature of Signing Officer or Director Date