
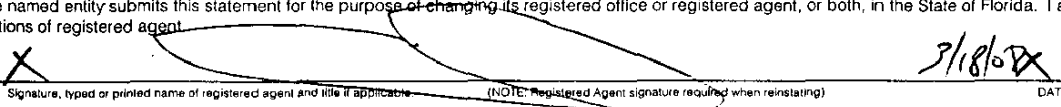
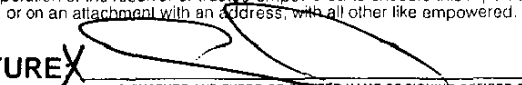


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90051 035 ***150.00

DOCUMENT # P07000003384 1. Entity Name THE HEADACHE AND NEUROLOGY CLINIC, PA					
Principal Place of Business 5389 AYRSHIRE DR. SPRING HILL, FL 34609			Mailing Address 5389 AYRSHIRE DR. SPRING HILL, FL 34609		
2. Principal Place of Business - No P.O. Box # 11373 CORTEZ BLVD.		3. Mailing Address 11373 CORTEZ ABLVD.			
Suite, Apt. #, etc. SUITE 303		Suite, Apt. #, etc. SUITE 303			
City & State BROOKSVILLE FL		City & State BROOKSVILLE FL		4. FEI Number 41-2226024	
Zip 34613		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABDULFATTAH, QAHTAN 5389 AYRSHIRE DR. SPRING HILL, FL 34609			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13146 LINZIA LANE City SPRING HILL FL Zip Code 34609		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE 3/18/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABDULFATTAH, QAHTAN 5389 AYRSHIRE DR. SPRING HILL, FL 34609		TITLE NAME STREET ADDRESS CITY-ST-ZIP	13146 LINZIA LANE SPRING HILL FL 34609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE 			QAHTAN, ABDULFATTAH 3/18/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		