

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000003384

FILED
Apr 20, 2009
Secretary of State

Entity Name: THE HEADACHE AND NEUROLOGY CLINIC, PA

Current Principal Place of Business:

11373 CORTEZ BLVD.
SUITE 303
BROOKSVILLE, FL 34613

New Principal Place of Business:

Current Mailing Address:

11373 CORTEZ BLVD.
SUITE 303
BROOKSVILLE, FL 34613

New Mailing Address:

FEI Number: 41-2226024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABDULFATTAH, QAHTAN
13146 LINZIA LANE
SPRING HILL, FL 34609 US

Name and Address of New Registered Agent:

ABDULFATTAH, QAHTAN PRESIDE
11373 CORTEZ BLVD.
303
BROOKSVILLE, FL 34613 US

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: QAHTAN ABDULFATTAH

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ABDULFATTAH, QUTAN
Address: 13146 LINZIA LANE
City-St-Zip: SPRING HILL, FL 34609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ABDULFATTAH, QUTAN
Address: 11373 CORTEZ BLVD. #303
City-St-Zip: BROOKSVILLE, FL 34613

I hereby certify that the information supplied with this filing does not qualify 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: QAHTAN ABDULFATTAH

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date