

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000019639

FILED  
Jan 13, 2010  
Secretary of State

Entity Name: ST. AUGUSTINE NEUROLOGY, PA

## Current Principal Place of Business:

301 HEALTH PARK BLVD.  
#220  
ST. AUGUSTINE, FL 32086 US

## New Principal Place of Business:

## Current Mailing Address:

301 HEALTH PARK BLVD.  
#220  
ST. AUGUSTINE, FL 32086 US

## New Mailing Address:

FEI Number: 20-8468944      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEI, JUEYANG  
400 HEALTH PARK BLVD.  
ST. AUGUSTINE, FL 32086 US

## Name and Address of New Registered Agent:

WEI, JUEYANG  
301 HEALTH PARK BLVD.  
#220  
ST. AUGUSTINE, FL 32086 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:

01/13/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES  
Name: WEI, JUEYANG  
Address: 301 HEALTH PARK BLVD. SUITE 220  
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: TRES  
Name: WEI, JUEYANG  
Address: 301 HEALTH PARK BLVD. SUITE 220  
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: SECT  
Name: WEI, JUEYANG  
Address: 301 HEALTH PARK BLVD. SUITE 220  
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: DIR  
Name: WEI, JUEYANG  
Address: 301 HEALTH PARK BLVD. SUITE 220  
City-St-Zip: ST. AUGUSTINE, FL 32086 US

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: JUEYANG WEI

PRES

01/13/2010

Electronic Signature of Signing Officer or Director

Date