2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2011
Secretary of State

DOCUMENT# P07000019639

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
301 HEALTH PARK BLVD.
#220
ST. AUGUSTINE, FL 32086 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: 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 DR. 02/28/2011

Electronic Signature of Signing Officer or Director Date