

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000066316

Entity Name: NEUROLOGY-NEUROSURGERY OF DADE AND BROWARD, INC.

FILED  
Apr 28, 2011  
Secretary of State

**Current Principal Place of Business:**

6760 NW 175 LANE  
SUITE 10H  
MIAMI LAKES, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

6760 NW 175 LANE  
SUITE 10H  
MIAMI LAKES, FL 33015

**New Mailing Address:**

FEI Number: 65-1308747      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORTES, JULIETTE S PSTD  
6760 NW 175 LANE  
SUITE 10H  
MIAMI LAKES, FL 33015 US

**Name and Address of New Registered Agent:**

GONZALEZ, ANWAR PSTD  
6760 NW 175 LANE  
SUITE 10H  
MIAMI LAKES, FL 33015 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: ANWAR GONZALEZ

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: GONZALEZ, ANWAR  
Address: 6760 NW 175 AVENUE, SUITE 10H  
City-St-Zip: MIAMI LAKES, FL 33015

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: ANWAR GONZALEZ

PSTD

04/28/2011

Electronic Signature of Signing Officer or Director

Date