2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2012
Secretary of State

DOCUMENT# P07000087838

Entity Name: NEUROLOGY SOLUTIONS, P.A.

Current Principal Place of Business:

4524 GRAND AVE.
DELEON SPRINGS, FL 32130

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 249
DELAND, FL 32721

New Mailing Address:

FEI Number: 51-0648011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCORMICK, JOHN R MD
4524 GRAND AVE
DELEON SPRINGS, FL 32130 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: D
Name: MCCORMICK, JOHN R MD
Address: 4524 GRAND AVE
City-St-Zip: DELEON SPRINGS, FL 32130

Title: S/T
Name: CARINCI, STEPHANIE L MD
Address: 4524 GRAND AVE
City-St-Zip: DELEON SPRINGS, FL 32130

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: JOHN R MCCORMICK,M.D. PRES 04/02/2012

Electronic Signature of Signing Officer or Director Date