

2010 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 09, 2010
Secretary of State

Entity Name: SENZON NEUROLOGY, P.A.

Current Principal Place of Business:

C/O 3501 S. UNIVERSITY DRIVE
SUITE 10
DAVIE, FL 33328 US

New Principal Place of Business:

Current Mailing Address:

C/O 3501 S. UNIVERSITY DRIVE
SUITE 10
DAVIE, FL 33328 US

New Mailing Address:

FEI Number: 27-1549310 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA HEALTH LAW CENTER, LLC
3501 S. UNIVERSITY DRIVE
SUITE 10
DAVIE, FL 33328 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: SENZON, CRAIG M.D.
Address: C/O 3501 S. UNIVERSITY DRIVE, SUITE 10
City-St-Zip: DAVIE, FL 33328 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: CRAIG SENZON, MD

P

04/09/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date