

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000028927

FILED
Jan 10, 2011
Secretary of State

Entity Name: FLORIDA STROKE INSTITUTE, INC.

Current Principal Place of Business:

200 SECOND AVENUE SOUTH
SUITE 513
ST PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

200 SECOND AVENUE SOUTH
SUITE 513
ST PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 27-2277073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAZACK, MD, NASSER
7100 16TH STREET NORTH
ST. PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

RAZACK, MD, NASSER
200 SECOND AVENUE SOUTH
SUITE 513
ST. PETERSBURG, FL 33701 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:

01/10/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: RAZACK, MD, NASSER
Address: 200 2ND AVENUE SOUTH, SUITE 513
City-St-Zip: ST. PETERSBURG, FL 33701

Title: SEC
Name: RAZACK, MD, NASSER
Address: 200 2ND AVE S, SUITE 513
City-St-Zip: ST. PETERSBURG, FL 33701

Title: TREA
Name: RAZACK, MD, NASSER
Address: 200 2ND AVE S, SUITE 513
City-St-Zip: ST. PETERSBURG, FL 33701

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: NASSER RAZACK

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01/10/2011

Electronic Signature of Signing Officer or Director

Date