2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2012
Secretary of State

DOCUMENT# P11000002600

Entity Name: NEURO MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

499 E. CENTRAL PARKWAY
SUITE 150
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

499 E. CENTRAL PARKWAY
SUITE 150
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 61-1637734 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEBOARD, JAMES C ESQ.
913 PADDINGTON TERRACE
HEATHROW, FL 32746 US

Name and Address of New Registered Agent:

SHAPIRO, SUSAN J
499 E CENTRAL PKY
SUITE 150
ALTAMONTE SPRINGS, FL 32701 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: SUSAN J SHAPIRO 04/16/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: SHAPIRO, SUSAN J
Address: 499 E. CENTRAL PARKWAY, STE 150
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 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: SUSAN J SHAPIRO PRES 04/16/2012
Electronic Signature of Signing Officer or Director Date