

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000033413

**FILED**  
**Mar 06, 2013**  
**Secretary of State**

**Entity Name:** NEUROLOGY DIAGNOSIS & APPLIED SOLUTIONS, INC.

**Current Principal Place of Business:**

801 NE 167TH STREET, 2ND FLOOR  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

801 NE 167TH STREET, 2ND FLOOR  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

**FEI Number:** 45-2539590

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BOLTON, RICHARD A ESQ.  
801 NE 167TH STREET, 2ND FLOOR  
NORTH MIAMI BEACH, FL 33162 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: RICHARD A. BOLTON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P,VP  
Name: SUITE, NICHOLAS  
Address: 801 NE 167TH STREET, 2ND FLOOR  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: S,T  
Name: SUITE, NICHOLAS  
Address: 801 NE 167TH STREET, 2ND FLOOR  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: NICHOLAS SUITE

PRES

03/06/2013

Electronic Signature of Signing Officer or Director

Date