

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000064671

FILED  
Mar 16, 2012  
Secretary of State

**Entity Name:** LAKE CITY INSTITUTE OF NEUROLOGY, P.A.

**Current Principal Place of Business:**

4355 NW AMERICAN LANE  
LAKE CITY, FL 32055 US

**New Principal Place of Business:**

**Current Mailing Address:**

4355 NW AMERICAN LANE  
LAKE CITY, FL 32055 US

**New Mailing Address:**

FEI Number: 45-2778883

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MADANI, SHEADA ESQUIRE  
37837 MERIDIAN AVENUE  
SUITE 100  
DADE CITY, FL 33525 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: P,D  
Name: NIDADAVOLU, NL PRASAD M.D.  
Address: 102 SW STAFFORD COURT  
City-St-Zip: LAKE CITY, FL 32024 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: NAGA LAKSHMANA PRASAD NIDADAVOLU

CEO

03/16/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date