2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2012
Secretary of State

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Entity Name: CENTER FOR AUTONOMIC DISORDERS, INC.

Current Principal Place of Business:

3221 COPPER RIDGE CIRCLE
CANTONMENT, FL 32533

New Principal Place of Business:

6706 N. 9TH AVENUE
A-3
PENSACOLA, FL 32504

Current Mailing Address:

3221 COPPER RIDGE CIRCLE
CANTONMENT, FL 32533

New Mailing Address:

6706 N. 9TH AVENUE
A-3
PENSACOLA, FL 32504

FEI Number: 45-3122881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THOMPSON, CHARLES R
3221 COPPER RIDGE CIRCLE
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

THOMPSON, CHARLES R
6706 N. 9TH AVENUE
SUITE A-3
PENSACOLA, FL 32504 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: _____ 06/25/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: THOMPSON, CHARLES R
Address: 3221 COPPER RIDGE CIRCLE
City-St-Zip: CANTONMENT, FL 32533

Title: VP
Name: THOMPSON, CHARLES R
Address: 3221 COPPER RIDGE CIRCLE
City-St-Zip: CANTONMENT, FL 32533

Title: SEC
Name: THOMPSON, CHARLES R
Address: 3221 COPPER RIDGE CIRCLE
City-St-Zip: CANTONMENT, FL 32533

Title: TREA
Name: THOMPSON, CHARLES R
Address: 3221 COPPER RIDGE CIRCLE
City-St-Zip: CANTONMENT, FL 32533

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: CHARLES R. THOMPSON PRES 06/25/2012
Electronic Signature of Signing Officer or Director — Date