

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000107043

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** NEUROPUL DIAGNOSTIC CENTERS, INC.

**Current Principal Place of Business:**

4420 BEACON CIRCLE  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

5730 CORPORATE WAY  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

4420 BEACON CIRCLE  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

5730 CORPORATE WAY  
WEST PALM BEACH, FL 33407

**FEI Number:** 45-4102228

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WARD, DAMON, POSNER, PHETERSON & BLEAU, PL  
4420 BEACON CIRCLE  
WEST PALM BEACH, FL 33407 US

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

WARD DAMON BUSINESS SERVICES, LLC  
4420 BEACON CIRCLE  
WEST PALM BEACH, FL 33407 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: PHILIP H. WARD, III

01/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CARRARA, MATTHEW A  
Address: 12 QUEEN'S LANE  
City-St-Zip: DARIEN, CT 06820

Title: TD  
Name: LOFTIS, JAMES M  
Address: 1981 HOLLOWS TRAIL  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: SD  
Name: SUCCO, ANTHONY R  
Address: 1376 ROYAL DEVON DRIVE  
City-St-Zip: MYRTLE BEACH, SC 29575

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: PHILIP H. WARD, III

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01/06/2012

Electronic Signature of Signing Officer or Director

Date