2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 18, 2008
Secretary of State

DOCUMENT# P93000024196

Entity Name: NEUROCARE INSTITUTE OF CENTRAL FLORIDA, P.A.

Current Principal Place of Business:

1890 STATE ROAD 436
SUITE 255
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

1890 STATE ROAD 436
SUITE 255
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 59-3160624 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PINELESS, HAL S
1890 STATE ROAD 436
SUITE 255
WINTER PARK, FL 32792 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: DR. ( ) Delete
Name: PINELESS, HAL S D.O.
Address: 1890 STATE ROAD 436, SUITE 255
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: PINELESS, HAL S D.O.
Address: 1890 STATE ROAD 436, SUITE 255
City-St-Zip: WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HAL S. PINELESS, D.O. PSTD 05/18/2008

Electronic Signature of Signing Officer or Director — Date