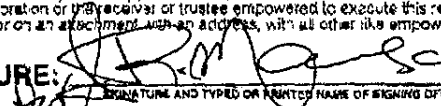


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED****May 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # P93000070730														
1. Entity Name NEUROLOGY CONSULTANTS OF CENTRAL FLORIDA, INC.														
Principal Place of Business 820 WEST OAK STREET KISSIMMEE, FL 34741		Mailing Address 820 WEST OAK STREET KISSIMMEE, FL 34741												
DO NOT WRITE IN THIS SPACE														
5. Name and Address of Current Registered Agent HARDING, ROBERT L 201 E. PINE STREET SUITE 700 ORLANDO, FL 32801		 04282005 No Chg-P CR2E084 (10/03) 4. FEI Number 59-3191744 6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For Not Applicable												
DO NOT WRITE IN THIS SPACE														
8. 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. I am familiar with, and accept the obligations of registered agent.														
SIGNATURE _____ Signature typed or printed name of registered agent and the if applicable. (NOTE: Registered Agents sign name required when releasing) DATE _____														
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees												
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td>D MAMSA, ABDUL M.D. 820 WEST OAK STREET KISSIMMEE, FL 34741</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td></td> </tr> </table>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MAMSA, ABDUL M.D. 820 WEST OAK STREET KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP		U00000352032 05/03/05-80011-008.150.00 DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.														
SIGNATURE: 		Date: 05/29/05 Daytime Phone:												