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	Mailing Address
820 WEST OAK STREET KISSIMMEE, FL 34741	820 WEST OAK STREET KISSIMMEE, FL 34741

DO NOT WRITE IN THIS SPACE

04282005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3191744
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARDING, ROBERT L
201 E. PINE STREET
SUITE 700
ORLANDO, FL 32801

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D
NAME	MAMSA, ABDUL M.D.
STREET ADDRESS	820 WEST OAK STREET
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
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CITY-ST-ZIP	

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05/03/05-80011-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the receiver 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: [signature] 04/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #