

## **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P93000081806

**FILED**  
**Jun 29, 2011**  
**Secretary of State**

**Entity Name:** DOCTORS' NEUROLOGICAL SERVICES OF FT. LAUDERDALE, INC.

**Current Principal Place of Business:**

6 NOCOROCO CT  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

1452 US HWY 1  
SUITE 103  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

6 NOCOROCO CT  
ORMOND BEACH, FL 32174

**New Mailing Address:**

1452 US HWY 1  
SUITE 103  
ORMOND BEACH, FL 32174

**FEI Number:** 65-0454496

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARGRAVE, ROBERT F  
6 NOCOROCO CT  
ORMOND BEACH, FL 32174 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: MR  
Name: HARGRAVE, ROBERT  
Address: 6 NOCOROCO CT  
City-St-Zip: ORMOND BEACH, FL 32174

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: ROBERT F. HARGRAVE

MR.

06/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date