#P94000003037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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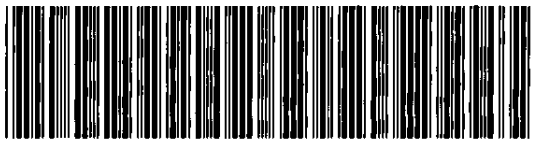

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ADDRESS
Change
10/22/2010
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2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2010
Secretary of State

DOCUMENT# P94000003037

Entity Name: MOHAMAD IQBAL SALEH, M.D., P.A.

Current Principal Place of Business:

12080 CORTEZ BLVD
BROOKSVILLE, FL 34613 US

New Principal Place of Business:

Current Mailing Address:

12080 CORTEZ BLVD
BROOKSVILLE, FL 34613 US

New Mailing Address:

FEI Number: 59-3221290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEURO CENTER
12080 CORTEZ BLVD
BROOKSVILLE, FL 33687 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD
Name: SALEH, MOHAMAD I
Address: 12080 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34613

New Address →

Neuro Center
17222 Hospital Blvd., suite 250
Brooksville, Florida 34601

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: M.I. SALH PRIS 02/08/2010

Electronic Signature of Signing Officer or Director Date