

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000016065

1. Entity Name

NEUROLOGY CLINICS & RESEARCH CENTER PA



Principal Place of Business

11121 HEALTH PARK BLVD
SUITE 100
NAPLES FL 34110
US

Mailing Address

11121 HEALTH PARK BLVD
SUITE 100
NAPLES FL 34110
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0472527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIBRIA, ESHAN M
11121 HEALTH PARK BLVD
SUITE 100
NAPLES FL 33942

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

D
KIBRIA, ESHAN M
5741-18TH AVENUE NW
NAPLES FL

TITLE
NAME
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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY - ST - ZIP
☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/04