


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008 8:00 am
Secretary of State

07-09-2008 90019 037 ***150.00

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
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40109801



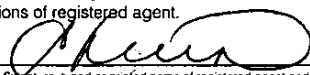
2. Principal Place of Business - No P.O. Box # 9935 TAMIA MI TRN #2	3. Mailing Address 9935 TAMIA MI TRN #2
Suite, Apt. #, etc. 2	Suite, Apt. #, etc. STE 2
City & State NAPLES, FL	City & State NAPLES Florida
Zip 34108	Zip 34108
Country USA	Country USA

07072008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0472527	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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.

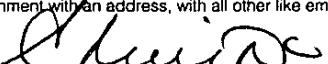
SIGNATURE:  DATE: **7/7/08**

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 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIBRIA, ESHAN M 5741-18TH AVENUE NW NAPLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: **7/7/08** DAYTIME PHONE: **239 591 0020**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR