

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000093042

FILED
Feb 21, 2011
Secretary of State

Entity Name: NEUROLOGIC CARE CENTER, P.A.

Current Principal Place of Business:

6101 WEBB ROAD
STE 210
TAMPA, FL 33615 US

New Principal Place of Business:

Current Mailing Address:

6101 WEBB ROAD
STE 210
TAMPA, FL 33615 US

New Mailing Address:

FEI Number: 59-3350770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFIN, DENISE K M.D.
6101 WEBB RD
STE 210
TAMPA, FL 33615 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: PRES
Name: GRIFFIN, DENISE K. MD
Address: 6101 WEBB RD 210
City-St-Zip: TAMPA, FL 33615

Title: VP
Name: SHRIVER, MARY ELLEN DO
Address: 6101 WEBB RD 210
City-St-Zip: TAMPA, FL 33615

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: DENISE K GRIFFIN

PRES

02/21/2011

Electronic Signature of Signing Officer or Director

Date