

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000093042

**FILED**  
**Oct 10, 2014**  
**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: DENISE K GRIFFIN MD

\_\_\_\_\_  
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 MD

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

PRES

10/10/2014

\_\_\_\_\_  
Date