

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000051907

FILED
May 01, 2009
Secretary of State

Entity Name: NEUROLOGY ASSOCIATES OF ORMOND BEACH, P.A.

Current Principal Place of Business:

8 MIRROR LAKE DRIVE
STE A
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

8 MIRROR LAKE DRIVE
STE A
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3386194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHURCHMAN, RICHARD
1255 MASON AVE
DAYTONA BEACH, FL 32117 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: CUNHA, OLIMPIO F
Address: 8 MIRROR LAKE DRIVE STE A
City-St-Zip: ORMOND BEACH, FL 32174

Title: P () Delete
Name: MCDONALD, DAVID
Address: 8 MIRROR LAKE DRIVE STE A
City-St-Zip: ORMOND BEACH, FL 32174

Title: S () Delete
Name: WIERZBICK, TIMOTHY
Address: 8 MIRROR LAKE DRIVE STE A
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID MCDOANLD

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date