2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2012
Secretary of State

DOCUMENT# P96000051907

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 (X)**

Name and Address of Current Registered Agent:

LANEY, SONIA
5131 SOUTH RIDGEWOOD AVENUE
SUITE A
PORT ORANGE, FL 32127 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: VP
Name: CUNHA, OLIMPIO F
Address: 8 MIRROR LAKE DRIVE STE A
City-St-Zip: ORMOND BEACH, FL 32174

Title: P
Name: FULOP, DALIA
Address: 8 MIRROR LAKE DRIVE STE A
City-St-Zip: ORMOND BEACH, FL 32174

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

Title: VP2
Name: MCDONALD, DAVID
Address: 8 MIRROR LAKE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

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: RACHEL AQUINO MGR 03/26/2012

Electronic Signature of Signing Officer or Director — Date