

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000019181

FILED
Mar 21, 2007
Secretary of State

Entity Name: BREVARD NEUROLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

111 LONGWOOD AVE
ROCKLEDGE, FL 329552827

New Principal Place of Business:

1910 ROCKLEDGE BLVD
UNIT 101
ROCKLEDGE, FL 32955

Current Mailing Address:

111 LONGWOOD AVE
ROCKLEDGE, FL 329552827

New Mailing Address:

1910 ROCKLEDGE BLVD
UNIT 101
ROCKLEDGE, FL 32955

FEI Number: 59-3430028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIAZI, WASIM
111 LONGWOOD AVENUE
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

NIAZI, WASIM
1910 ROCKLEDE BLVD
UNIT 101
ROCKLEDGE, FL 32955 US

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:

03/21/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NIAZI, WASIM MD
Address: 111 LONGWOOD AVE
City-St-Zip: ROCKLEDGE, FL 329552827

Title: V () Delete
Name: NIAZI, ZAKI
Address: 14825 WILLIS ROAD
City-St-Zip: HOUSTON, TX 77039

Title: S () Delete
Name: NIAZI, RAZI
Address: 14825 WILLIS ROAD
City-St-Zip: HOUSTON, TX 77039

Title: T () Delete
Name: NIAZI, NAEEM
Address: 14825 WILLIS ROAD
City-St-Zip: HOUSTON, TX 77039

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NIAZI, WASIM MD
Address: 2115 ROYAL OAKS DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

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 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: WASIM NIAZI

D

03/21/2007

Electronic Signature of Signing Officer or Director

Date