2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# P97000019181

Entity Name: BREVARD NEUROLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

1910 ROCKLEDGE BLVD
UNIT 101
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

1910 ROCKLEDGE BLVD
UNIT 101
ROCKLEDGE, FL 32955

New Mailing Address:

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
1910 ROCKLEDE BLVD
UNIT 101
ROCKLEDGE, FL 32955 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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: WASIM NIAZI D 02/23/2009

Electronic Signature of Signing Officer or Director — Date