

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000019181

FILED  
Jan 06, 2012  
Secretary of State

**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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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: WASIM NIAZI

P

01/06/2012

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

\_\_\_\_\_  
Date