2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 16, 2006 08:00 AM DOCUMENT # P97000026393 Secretary of State VOLUSIA NEUROLOGIC ASSOCIATES, P.A. Principal Place of Business Mailing Address 405 DOWNING STREET NEW SMYRNA BEACH FL 32168 405 DOWNING STREET NEW SMYRNA BEACH FL 32168 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. tst MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 59-3442942 Not Applie. Zip Zıp Country \$8.75 Additional Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent MARTINEZ, NORBERTO JR. 405 DOWNING STREET Street Address (P.O. Box Number is Not Acceptable) NEW SMYRNA BEACH FL 32168 Zip Code City 8. 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. I am familiar with, and acceptable the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ☐ Change □ Add TITLE TITLE ☐ Delete MARTINEZ, NORBERTO J MD NAME NAME SINEET ADDRESS STREET ADDRESS 405 DOWNING STREET City - ST- 7IP CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☐ Change ☐ Delete TITLE 31D F NAME NAME TRAPANI, VICENTE STREET ADDRESS STREET ADDRESS 405 DOWNING STREET CITY -ST-ZIP CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☐ Change □ ★ □ TELLE ☐ Octobe TITLE NAME NAMS STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP Delete T(TLE ☐ Change □ A... TITLE MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change Dolote TITLE HILE NAME NAME STREET ADDRESS STREET ADDRESS City-St-279 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or direct 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 in Block 10 or Block if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

rounds Martin

3-14-06

FILED

386-427-37: