

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000055908

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Entity Name:** SUNCOAST NEUROSCIENCE ASSOCIATES, INC.

**Current Principal Place of Business:**

2201 CENTRAL AVE  
ST. PETERSBURG, FL 33713

**New Principal Place of Business:**

2201 CENTRAL AVE  
301  
ST. PETERSBURG, FL 33713

**Current Mailing Address:**

2201 CENTRAL AVE  
ST. PETERSBURG, FL 33713

**New Mailing Address:**

2201 CENTRAL AVE  
301  
ST. PETERSBURG, FL 33713

**FEI Number:** 59-3453880

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COHEN, STEVEN R DR.  
2201 CENTRAL AVE  
ST. PETERSBURG, FL 33713 US

**Name and Address of New Registered Agent:**

COHEN, STEVEN R DR.  
2201 CENTRAL AVE  
301  
ST. PETERSBURG, FL 33713 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:** STEVEN R. COHEN, MD

02/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** VASQUEZ, ALBERTO B  
**Address:** 2201 CENTRAL AVE, SUITE 301  
**City-St-Zip:** ST. PETERSBURG, FL 33713

**Title:** P  
**Name:** COHEN, STEVEN R  
**Address:** 2201 CENTRAL AVE, SUITE 301  
**City-St-Zip:** ST. PETERSBURG, FL 33713

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:** STEVEN R. COHEN, MD

P

02/10/2011

Electronic Signature of Signing Officer or Director

Date