

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000063662

FILED
Feb 01, 2008
Secretary of State

Entity Name: FLORIDA NEUROVASCULAR INSTITUTE, P.A.

Current Principal Place of Business:

HARBOURSIDE MEDICAL TOWER
4 COLUMBIA DRIVE # 200
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

HARBOURSIDE MEDICAL TOWER
4 COLUMBIA DRIVE # 200
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-3458987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBAKRI, ERFAN A M.D.
HARBOURSIDE MEDICAL TOWER
4 COLUMBIA DRIVE #200
TAMPA, FL 33606 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: ALBAKRI, ERFAN A M.D.
Address: 4 COLUMBIA DRIVE 200
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BETTY E. STEWART

OM

02/01/2008

Electronic Signature of Signing Officer or Director

Date