2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2009
Secretary of State

DOCUMENT# P97000063662

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:

HARBOURSIDE MEDICAL TOWER
5 TAMPA GENERAL CR. SUITE 200
TAMPA, FL 33606

Current Mailing Address:

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

New Mailing Address:

HARBOURSIDE MEDICAL TOWER
5 TAMPA GENERAL CR # 200
TAMPA, FL 33606

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:

ALBAKRI, ERFAN A M.D.
HARBOURSIDE MEDICAL TOWER
5 TAMPA GENERAL CR. #200
TAMPA, FL 33606 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: 07/03/2009
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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: D (X) Change ( ) Addition
Name: ALBAKRI, ERFAN A M.D.
Address: 5 TAMPA GENERAL CR. # 200
City-St-Zip: TAMPA, FL 33606

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: ERFAN A. ALBAKRI P 07/03/2009
Electronic Signature of Signing Officer or Director — Date