

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015715

FILED
Apr 24, 2009
Secretary of State

Entity Name: FLORIDA NEUROLOGY MEDICAL CENTER INC.

Current Principal Place of Business:

3553 DAVIE BLVD.
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

3553 DAVIE BLVD.
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 65-0911244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, MARIBEL
3553 DAVIE BLVD.
FT LAUDERDALE, FL 33312 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: PD () Delete
Name: LOPEZ, MARIBEL
Address: 1260 SW 28 TERR.
City-St-Zip: FT LAUDERDALE, FL 32317

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: MARIBEL LOPEZ

PD

04/24/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date