

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000060567

**FILED**  
**Apr 21, 2009**  
**Secretary of State**

**Entity Name:** NEUROLOGICAL ASSOCIATES OF NORTH FLORIDA, P.A.

**Current Principal Place of Business:**

3209 SEQUOYAH CIRCLE  
JACKSONVILLE, FL 32259 US

**New Principal Place of Business:**

7709 WATERMARK LANE SOUTH  
JACKSONVILLE, FL 32256 US

**Current Mailing Address:**

3209 SEQUOYAH CIRCLE  
JACKSONVILLE, FL 32259 US

**New Mailing Address:**

7709 WATERMARK LANE SOUTH  
JACKSONVILLE, FL 32256 US

FEI Number: 59-3520170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAS, AMIT DR  
3209 SEQUOYAH CIRCLE  
JACKSONVILLE, FL 32259 US

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

DAS, AMIT DR  
7709 WATERMARK LANE SOUTH  
JACKSONVILLE, FL 32256 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: \_\_\_\_\_

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: DAS, AMIT  
Address: 3209 SEQUOYAH CIRCLE  
City-St-Zip: JACKSONVILLE, F 32259 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSDT (X) Change ( ) Addition  
Name: DAS, AMIT  
Address: 7709 WATERMARK LANE SOUTH  
City-St-Zip: JACKSONVILLE, F 32256 US

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: AMIT DAS

PSDT

04/21/2009

Electronic Signature of Signing Officer or Director

Date