

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000001039

**FILED**  
**Apr 15, 2012**  
**Secretary of State**

**Entity Name:** MEDICAL NEUROPHYSIOLOGY CONSULTANTS, INC.

**Current Principal Place of Business:**

713 PEPPERVINE AVE  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

713 PEPPERVINE AVE  
SAINT JOHNS, FL 32259 US

**Current Mailing Address:**

713 PEPPERVINE AVE  
JACKSONVILLE, FL 32259

**New Mailing Address:**

713 PEPPERVINE AVE  
SAINT JOHNS, FL 32259 US

**FEI Number:** 59-3556712

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AKEL, DANIEL D  
ONE INDEPENDENT DRIVE, STE. 2301  
JACKSONVILLE, FL 32202 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROBINSON, GEORGE I JR  
Address: 713 PEPPERVINE AVE  
City-St-Zip: SAINT JOHNS, FL 32259 US

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: GEORGE I. ROBINSON JR.

PRES

04/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date