

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000051682

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** PARKINSON'S DISEASE AND MOVEMENT DISORDERS CENTER OF BOCA RATON, INC.

**Current Principal Place of Business:**

951 NW 13TH STREET  
5E  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

951 NW 13TH STREET  
5E  
BOCA RATON, FL 33486

**New Mailing Address:**

**FEI Number:** 22-3659456

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ISAACSON, STUART  
951 NW 13TH STREET  
5E  
BOCA RATON, FL 33486 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: D  
Name: ISAACSON, STUART H  
Address: 951 NW 13TH ST, 5E  
City-St-Zip: BOCA RATON, FL 33486

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: STUART ISAACSON

PRES

04/26/2011

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

\_\_\_\_\_  
Date