

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000058815

FILED
Mar 22, 2012
Secretary of State

Entity Name: NEUROLOGICAL SERVICES OF ORLANDO, P.A.

Current Principal Place of Business:

3849 OAKWATER CIRCLE
ORLANDO, FL 32806

New Principal Place of Business:

3849 OAKWATER CIRCLE
ORLANDO, FL 32806 US

Current Mailing Address:

PO BOX 568305
ORLANDO, FL 32856

New Mailing Address:

PO BOX 568305
ORLANDO, FL 32856 US

FEI Number: 59-3573345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, DANIEL H M.D.
3849 OAKWATER CIRCLE
ORLANDO, FL 32806 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: STD
Name: JACOBS, DANIEL H M.D.
Address: 3849 OAKWATER CIRCLE
City-St-Zip: ORLANDO, FL 32806 US

Title: PD
Name: KLAFTER, MARK J D.O.
Address: 3849 OAKWATER CIRCLE
City-St-Zip: ORLANDO, FL 32806 US

Title: VD
Name: SADEK, AHMED H M.D.
Address: 3849 OAKWATER CIRCLE
City-St-Zip: ORLANDO, FL 32806 US

Title: VD
Name: VERMA, NAVIN M.D.
Address: 3849 OAKWATER CIRCLE
City-St-Zip: ORLANDO, FL 32806 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: MARK J. KLAFTER, D.O.

PD

03/22/2012

Electronic Signature of Signing Officer or Director

Date