

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000075710

FILED  
May 08, 2008  
Secretary of State

**Entity Name:** BAY REGIONAL AND INTERNATIONAL INSTITUTE OF NEUROLOGY, INC.

**Current Principal Place of Business:**

2708 W. VIRGINIA AVE  
SUITE B  
TAMPA, FL 33607

**New Principal Place of Business:**

2508 W. ST. ISABEL STREET  
TAMPA, FL 33607

**Current Mailing Address:**

2708 W. VIRGINIA AVE  
SUITE B  
TAMPA, FL 33607

**New Mailing Address:**

2508 W. ST. ISABEL STREET  
TAMPA, FL 33607

**FEI Number:** 59-3594573

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAO, RADHAKRISHNA K  
2708 W. VIRGINIA AVE  
SUITE B  
TAMPA, FL 33607 US

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

RAO, RADHAKRISHNA K  
2508 W. ST. ISABEL ST  
TAMPA, FL 33607 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: \_\_\_\_\_

05/08/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RAO, RADHAKRISHNA K  
Address: 2708 W. VIRGINIA AVE, SUITE B  
City-St-Zip: TAMPA, FL 33607

Title: M ( ) Delete  
Name: RAO, PRATIMA  
Address: 2708 W. VIRGINIA AVE, SUITE B  
City-St-Zip: TAMPA, FL 33607

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

Title: PD (X) Change ( ) Addition  
Name: RAO, RADHAKRISHNA K  
Address: 2508 W. ST. ISABEL ST  
City-St-Zip: TAMPA, FL 33607

Title: VD (X) Change ( ) Addition  
Name: RAO, PRATIMA  
Address: 2508 W. ST. ISABEL STREET  
City-St-Zip: TAMPA, FL 33607

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: RADHAKRISHNA RAO

PD

05/08/2008

Electronic Signature of Signing Officer or Director

Date