2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: BOCA RATON NEUROLOGIC ASSOCIATES, P.A.

Current Principal Place of Business:

1050 N.W. 15TH ST
SUITE 216 A
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

1050 N.W. 15TH ST
SUITE 216 A
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 65-0962226 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KASTIN, BRUCE
1050 NW 15TH ST
STE #216A
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: PRES
Name: KASTIN, BRUCE R M.D.
Address: 1050 NW 15TH STREET, #216A
City-St-Zip: BOCA RATON, FL 33486

Title: VP
Name: GRAEF, LORIN M M.D.
Address: 1050 NW 15TH STREET, #216A
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: BRUCE R. KASTIN PRES 01/09/2012

Electronic Signature of Signing Officer or Director — Date