

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000102075

FILED
Apr 28, 2008
Secretary of State

Entity Name: THE NEUROLOGICAL DISORDERS CLINIC, P.A.

Current Principal Place of Business:

880 N.W. 13TH STREET
SUITE 3B
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

880 N.W. 13TH STREET
SUITE 3B
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 65-0963053

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORONA, FERNANDO M.D.
880 N.W. 13TH STREET
SUITE 3B
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NORONA, FERNANDO M.D.
Address: 880 N.W. 13TH STREET SUITE 3B
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: NORONA, FERNANDO M.D.
Address: 880 N.W. 13TH STREET SUITE 3B
City-St-Zip: BOCA RATON, FL 33486

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: FERNANDO NORONA MD

PRES

04/28/2008

Electronic Signature of Signing Officer or Director

Date