

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000102075

FILED
Jan 18, 2012
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

OFFICERS AND DIRECTORS:

Title: PRES
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 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: FERNANDO NORONA, MD

MD

01/18/2012

Electronic Signature of Signing Officer or Director

Date