

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S17950

FILED  
Feb 11, 2010  
Secretary of State

**Entity Name:** NEUROPHYSIOLOGY CENTER, P.A.

**Current Principal Place of Business:**

401 NORTH PARSONS AVE.  
SUITE 105  
BRANDON, FL 335104519

**New Principal Place of Business:**

**Current Mailing Address:**

401 NORTH PARSONS AVE.  
SUITE 105  
BRANDON, FL 335104519

**New Mailing Address:**

**FEI Number:** 65-0238206

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RODRIGUEZ, RAFAEL M P  
401 NORTH PARSONS AVE.  
SUITE 105  
BRANDON, FL 33511 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: P.  
Name: RODRIGUEZ, RAFAEL M P  
Address: 401 N. PARSONS AVE. SUITE 105  
City-St-Zip: BRANDON, FL 33510

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:** RAFAEL M RODRIGUEZ

P

02/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date