

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S23369

FILED
Mar 07, 2011
Secretary of State

Entity Name: NEUROMUSCULAR MEDICAL CENTERS OF FLORIDA, P.A.

Current Principal Place of Business:

700 S HARBOUR ISLAND BLVD., #339
TAMPA, FL 33602 US

New Principal Place of Business:

16202 SEPTEMBER DRIVE
LUTZ, FL 33549 US

Current Mailing Address:

700 S HARBOUR ISLAND BLVD., #339
TAMPA, FL 33602 US

New Mailing Address:

16202 SEPTEMBER DRIVE
TAMPA, FL 33549 US

FEI Number: 59-3041034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIFULCO, SANTO STEVEN M.D.
700 S HARBOUR ISLAND BLVD., #339
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

BIFULCO, SANTO STEVEN M.D.
16202 SEPTEMBER DRIVE
TAMPA, FL 33549 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:

03/07/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD
Name: BIFULCO MD, S. STEVEN
Address: 16202 SEPTEMBER DRIVE
City-St-Zip: TAMPA, FL 33549 US

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: S STEVEN BIFULCO, MD

PSTD

03/07/2011

Electronic Signature of Signing Officer or Director

Date