

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S23369

FILED  
Sep 26, 2012  
Secretary of State

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

**Current Principal Place of Business:**

16202 SEPTEMBER DRIVE  
LUTZ, FL 33549 US

**New Principal Place of Business:**

1502 WEST FLETCHER AVE.  
SUITE 107  
TAMPA, FL 33612 US

**Current Mailing Address:**

16202 SEPTEMBER DRIVE  
TAMPA, FL 33549 US

**New Mailing Address:**

1502 WEST FLETCHER AVE.  
SUITE 107  
TAMPA, FL 33612 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.  
16202 SEPTEMBER DRIVE  
TAMPA, FL 33549 US

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

BIFULCO, SANTO S M.D.  
1502 WEST FLETCHER AVE.  
SUITE 107  
TAMPA, FL 33612 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: SANTO STEVEN BIFULCO, M.D.

09/26/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: BIFULCO, SANTO S M.D.  
Address: 1502 WEST FLETCHER AVE, SUITE 107  
City-St-Zip: TAMPA, FL 33612 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: SANTO STEVEN BIFULCO, M.D.

DR.

09/26/2012

Electronic Signature of Signing Officer or Director

Date