2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# S47488

Entity Name: NEUROLOGY AND ELECTROMYOGRAPHY CONSULTANTS, P.A.

Current Principal Place of Business:

1400 S. ORLANDO AVENUE
SUITE 301
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1400 S. ORLANDO AVENUE
SUITE 301
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-3061928 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OPPEHNEIM, RONALD E.
1400 S. ORLANDO AVENUE
SUITE 301
WINTER PARK, FL 32789 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: DP ( ) Delete
Name: OPPENHEIM, RONALD E.,
Address: 1400 S. ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL

Title: DT ( ) Delete
Name: OPPENHEIM, RONALD E.,
Address: 1400 S ORLANDO AVE
City-St-Zip: WINTER PARK, FL

Title: SD ( ) Delete
Name: ARAGON, ERIK
Address: 1400 S. ORLANDO AVE.
City-St-Zip: WINTER PARK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RONALD OPPENHEIM, M.D. DP 03/24/2009
Electronic Signature of Signing Officer or Director — Date