2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 20, 2008
Secretary of State

DOCUMENT# V51716

Entity Name: WEST COAST NEUROLOGY, P.A.

Current Principal Place of Business:

5649 49TH ST N
ST. PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

5649 49TH ST N
ST. PETERSBURG, FL 33709

New Mailing Address:

FEI Number: 59-3131769 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, HARISH J MD
5649 49TH ST. N
ST. PETERSBURG, FL 33709 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: PS ( ) Delete
Name: PATEL, HARISH J. M
Address: 5649 49TH ST. N.
City-St-Zip: ST. PETERSBURG, FL

Title: VPT (X) Delete
Name: PATEL, HEMA
Address: 5649 49TH ST.N
City-St-Zip: ST.PETERSBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: PATEL, HARISH J. M
Address: 5649 49TH ST. N.
City-St-Zip: ST. PETERSBURG, FL

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: HPATEL PSTD 06/20/2008

Electronic Signature of Signing Officer or Director Date