

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 600534

**Entity Name:** NORMAN, FLATEN, TODD AND HAMMOND NEUROLOGIC CONSULTANTS, P.A.**FILED**  
**Jan 22, 2013**  
**Secretary of State**  
**CC3488034082****Current Principal Place of Business:**NEUROLOGIC CONSULTANTS, P.A.  
1841 NE 45TH STREET  
FORT LAUDERDALE, FL 33308**Current Mailing Address:**NEUROLOGIC CONSULTANTS, P.A.  
150 EAST SAMPLE ROAD, SUITE 330  
POMPANO BEACH, FL 33064 US**FEI Number: 59-1224054****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**NEUROLOGIC CONSULTANTS, P.A.  
1841 N.E. 45TH STREET  
FORT LAUDERDALE, FL 33308 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DP
Name	HAMMOND, THOMAS C
Address	2921 NE 46TH ST.
City-State-Zip:	LIGHTHOUSE PT FL 33064

Title	DT
Name	ROSENZWEIG, TODD A
Address	9921 NW 60TH PLACE
City-State-Zip:	PARKLAND FL 33076

Title	DAST
Name	HARRIS, JONATHAN O
Address	3761 NW 99TH AVE
City-State-Zip:	CORAL SPRINGS FL 33065

Title	D
Name	TODD, HERBERT M
Address	3701 NE 24TH AVENUE
City-State-Zip:	LIGHTHOUSE PT FL 33064

Title	DVP
Name	SWERDLOFF, MARC A
Address	5012 CHARDONNARY DR
City-State-Zip:	CORAL SPRINGS FL 33067

Title	DS
Name	TARRAS, SETH C
Address	1443 NW 127TH WAY
City-State-Zip:	CORAL SPRINGS FL 33071

Title	DIRECTOR
Name	PEARLMAN, SCOTT M. D.O.
Address	6278 NW 92ND AVE
City-State-Zip:	PARKLAND FL 33067

*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: THOMAS C. HAMMOND****PRESIDENT****01/22/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date