

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000041030

Entity Name: NEURO DIAGNOSTIC CENTER OF CENTRAL FLORIDA, P.A.

Current Principal Place of Business:

40124 HIGHWAY 27, STE 204
DAVENPORT, FL 33837

Current Mailing Address:

40124 HIGHWAY 27,
STE 204
DAVENPORT, FL 33837

FEI Number: 51-0460021

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIAZ, SHAHID
40124 HIGHWAY 27,
SUITE 204
DAVENPORT, FL 33837 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 D
Name RIAZ, SHAHID
Address 40124 HIGHWAY 27, STE 204
City-State-Zip: DAVENPORT FL 33837

Title VP
Name SHAHID, FARHANA
Address 40124 HIGHWAY 27, STE 204
City-State-Zip: DAVENPORT FL 33837

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: SHAHID RIAZ

PRESIDENT

03/22/2013

Electronic Signature of Signing Officer/Director Detail

_____ Date