

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049576

Entity Name: COMPREHENSIVE NEUROLOGY CLINIC P.A

Current Principal Place of Business:

10967 LAKE UNDERHILL RD
SUITE 148
ORLANDO, FL 32825

Current Mailing Address:

10967 LAKE UNDERHILL RD
SUITE 148
ORLANDO, FL 32825

FEI Number: 84-1652443

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EL-SAID, REFAAT
10967 LAKE UNDERHILL RD
SUITE 148
ORLANDO, FL 32828 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 OD
Name EL-SAID, REFAAT
Address 10967 LAKE UNDERHILL RD SUITE
148
City-State-Zip: ORLANDO FL 32825

Title V
Name DAHAN, DINA
Address 10967 LAKE UNDERHILL RD SUITE
148
City-State-Zip: ORLANDO FL 32825

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: DINA DAHAN

V

02/20/2014

Electronic Signature of Signing Officer/Director Detail

Date