

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000121660

Entity Name: NEUROLOGY CONSULTANTS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

4160 W. 16TH AVE.,
SUITE#100
HIALEAH, FL 33012

Current Mailing Address:

4160 W. 16TH AVE.,
SUITE#100
HIALEAH, FL 33012

FEI Number: 20-1528804

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZOMERFELD, RAYMOND J
999 PONCE DE LEON BLVD.,
#1045
CORAL GABLES, FL 33134 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 PSDT
Name BUSTAMANTE, MARTHA
Address 4160 W. 16TH AVE., #100
City-State-Zip: HIALEAH FL 33012

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: MARTHA BUSTAMANTE

PRESIDENT

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date