

**2017 FLORIDA PROFIT CORPORATION REINSTATEMENT**

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:** Yes

**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:** RAYMOND J ZOMERFELD

10/30/2017

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

10/30/2017

Electronic Signature of Signing Officer/Director Detail

Date