2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2019
Secretary of State
2580029289CC

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Entity Name: CENTER FOR NEUROLOGICAL DISORDERS P.A.

Current Principal Place of Business:

13005 SOUTHERN BLVD., STE. 115
115
LOXAHATCHEE, FL 33470

Current Mailing Address:

P.O. BOX 1216
LOXAHATCHEE, FL 33470 US

FEI Number: 20-2908764

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MOHAMMED, ZUBAIR
13005 SOUTHERN BLVD., STE. 115
115
LOXAHATCHEE, FL 33470 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	PD
Name	MOHAMMED, ZUBAIR
Address	13005 SOUTHERN BLVD, SUITE 115
City-State-Zip:	LOXAHATCHEE FL 33470

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: ZUBAIR MOHAMMED PD 04/29/2019

Electronic Signature of Signing Officer/Director Detail — Date