

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000099019

**Entity Name:** SEMINOLE NEUROLOGY ASSOCIATES, P.A.

**Current Principal Place of Business:**

1403 MEDICAL PLAZA DR  
SUITE 204  
SANFORD, FL 32771

**Current Mailing Address:**

1403 MEDICAL PLAZA DR  
SUITE 204  
SANFORD, FL 32771

**FEI Number: 26-3661663**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MANGAT, BHUPINDER SM.D.  
1403 MEDICAL PLAZA DRIVE  
SUITE 204  
SANFORD, FL 32771 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 PSTD  
Name MANGAT, BHUPINDER SM.D.  
Address 1403 MEDICAL PLAZA DR STE 204  
City-State-Zip: SANFORD FL 32771

*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: BHUPINDER MANGAT**

**MANAGER**

**03/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date