

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000013270

Entity Name: ST. CLOUD NEUROLOGY, P.A.

Current Principal Place of Business:

451 SW BETHANY DRIVE #101
PORT ST LUCIE, FL 34986

Current Mailing Address:

451 SW BETHANY DRIVE #101
PORT ST LUCIE, FL 34986 US

FEI Number: 26-4235699

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAUL, SCHMIDT
451 SW BETHANY DRIVE #101
PORT ST LUCIE, FL 34986 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 DR
Name SCHMIDT, PAUL
Address 451 SW BETHANY DRIVE #101
City-State-Zip: PORT ST LUCIE FL 34986

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: PAUL SCHMIDT

OWNER

03/19/2015

Electronic Signature of Signing Officer/Director Detail

Date