2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2013
Secretary of State
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Entity Name: COACTIVE NEUROLOGY, P.A.

Current Principal Place of Business:

3849 OAKWATER CIRCLE
ORLANDO, FL 32806

Current Mailing Address:

3849 OAKWATER CIRCLE
ORLANDO, FL 32806 US

FEI Number: 45-2786776

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACOBS, DANIEL HMD
3849 OAKWATER CIRCLE
ORLANDO, FL 32806 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	JACOBS, DANIEL HMD
Address	3849 OAKWATER CIRCLE
City-State-Zip:	ORLANDO FL 32806

Title	SD
Name	SADEK, AHMED HMD
Address	3849 OAKWATER CIRCLE
City-State-Zip:	ORLANDO FL 32806

Title	VD
Name	ROSENTHAL, BENNETT M.D.
Address	3849 OAKWATER CIRCLE
City-State-Zip:	ORLANDO FL 32806

Title	VD
Name	SUBBIAH, BAKKIAM M.D.
Address	3849 OAKWATER CIRCLE
City-State-Zip:	ORLANDO FL 32806

Title	TD
Name	MENKIN, MARTIN MD
Address	60 WEST COLUMBIA STREET STE C
City-State-Zip:	ORLANDO FL 32806

Title	VD
Name	VERMA, NAVIN M.D.
Address	3849 OAKWATER CIRCLE
City-State-Zip:	ORLANDO FL 32806

Title	VD
Name	COMITER, HENRY JM.D.
Address	3849 OAKWATER CIRCLE
City-State-Zip:	ORLANDO FL 32806

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: DANIEL H. JACOBS, M.D. PD 03/29/2013

Electronic Signature of Signing Officer/Director Detail — Date