

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000101338

**Entity Name:** THE AMERICAN COMPREHENSIVE NEUROLOGY AND SLEEP  
CNTER, INC.

**FILED**  
**Apr 26, 2018**  
**Secretary of State**  
**CC2500358512**

**Current Principal Place of Business:**

9868 SOUTH STATE ROAD 7, SUITE 315  
BOYNTON BEACH, FL 33472-4477

**Current Mailing Address:**

9868 SOUTH STATE ROAD 7, SUITE 315  
BOYNTON BEACH, FL 33472-4477

**FEI Number: 81-0920005**

**Certificate of Status Desired: No**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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 MENSAH-OSMAN, EDITH J DR.  
Address 9868 SOUTH STATE ROAD 7, SUITE  
315  
City-State-Zip: BOYNTON BEACH FL 33472-4477

Title VPD  
Name ISHAG OSMAN, NADIR I  
Address 9868 SOUTH STATE ROAD 7, SUITE  
315  
City-State-Zip: BOYNTON BEACH FL 33472-4477

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: EDITH MENSAH-OSMAN**

**PRESIDENT**

**04/26/2018**

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

\_\_\_\_\_  
Date