## 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.

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

## Electronic Signature of Registered Agent

**Officer/Director Detail :** 

CNTER, INC.

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

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

DOCUMENT# P15000101338

## **Current Mailing Address:**

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

#### FEI Number: 81-0920005

# Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

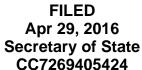
Entity Name: THE AMERICAN COMPREHENSIVE NEUROLOGY AND SLEEP

Certificate of Status Desired: No

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:

04/29/2016 SIGNATURE: EDITH MENSAH-OSMAN PRESIDENT

Electronic Signature of Signing Officer/Director Detail



Date