

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000051907

Entity Name: NEUROLOGY ASSOCIATES OF ORMOND BEACH, P.A.

Current Principal Place of Business:

8 MIRROR LAKE DRIVE
STE A
ORMOND BEACH, FL 32174

Current Mailing Address:

8 MIRROR LAKE DRIVE
STE A
ORMOND BEACH, FL 32174

FEI Number: 59-3386194

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LANEY, SONIA
5131 SOUTH RIDGEWOOD AVENUE
SUITE F
PORT ORANGE, FL 32127 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 VP 2
Name CUNHA, OLIMPIO F
Address 8 MIRROR LAKE DRIVE STE A
City-State-Zip: ORMOND BEACH FL 32174

Title P
Name FULOP, DALIA
Address 8 MIRROR LAKE DRIVE STE A
City-State-Zip: ORMOND BEACH FL 32174

Title S
Name MCDONALD, DAVID
Address 8 MIRROR LAKE DRIVE STE A
City-State-Zip: ORMANDO BEACH FL 32174

Title VP
Name GAREWAL, MANDEEP
Address 8 MIRROR LAKE DRIVE
City-State-Zip: ORMOND BEACH FL 32174

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: DALIA FULOP

PRESIDENT

03/23/2014

Electronic Signature of Signing Officer/Director Detail

Date