

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 636156

FILED
Jan 04, 2007
Secretary of State

Entity Name: BAUMEL-EISNER NEUROMEDICAL INSTITUTE, INC.

Current Principal Place of Business:

7301 NORTH UNIVERSITY DRIVE
SUITE 300
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

211 COMMERCE STREET, STE. 800
NASHVILLE, TN 37201 US

New Mailing Address:

FEI Number: 59-1931184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCLURE, HOWARD A
Address: 211 COMMERCE STREET, STE 800
City-St-Zip: NASHVILLE, TN 37201

Title: VPSD () Delete
Name: FINLEY, SARA J
Address: 211 COMMERCE STREET, STE 800
City-St-Zip: NASHVILLE, TN 37201

Title: VPSD () Delete
Name: KARRO, BRADLEY S
Address: 211 COMMERCE STREET, STE 800
City-St-Zip: NASHVILLE, TN 37201

Title: T () Delete
Name: CLEMENS, PETER J
Address: 211 COMMERCE STREET, STE 800
City-St-Zip: NASHVILLE, TN 37201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SARA J. FINLEY

VSD

01/04/2007

Electronic Signature of Signing Officer or Director

_____ Date