

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90013 030 \*\*\*158.75

**DOCUMENT # P0000004205**

1. Entity Name

NEUROLOGY ASSOCIATES GROUP, INC.



Principal Place of Business

152 NE 167TH STREET - 2ND FLOOR  
 MIAMI FL 33162

Mailing Address

152 NE 167TH STREET - 2ND FLOOR  
 MIAMI FL 33162

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

65-0976458

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SUITE, NICHOLAS D.A.  
 152 NE 167TH STREET, 2ND FLOOR  
 MIAMI FL 33162

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SUITE, NICHOLAS D.A.	
STREET ADDRESS	152 NE 167TH ST. # 200	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179 33162	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUITE, NICHOLAS D.A.	
STREET ADDRESS	152 NE 167TH ST. Ste 200	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like reported.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/04  
 Date

305-770-9990  
 Daytime Phone #