

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90928 020 ***150.00

DOCUMENT # PO0000009984
1. Entity Name
Neurology Associates Group-Two, Inc.

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869981

2. Principal Place of Business <u>19501 NE 10th Ave</u>		3. Mailing Address <u>19501 NE 10th Ave</u>		4. FEI Number <u>0509716992</u>		Applied For
Suite, Apt. #, etc. <u>Bay H Bld 1</u>		Suite, Apt. #, etc. <u>Bay H Bld 1</u>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
City & State <u>Miami FL</u>		City & State <u>Miami FL</u>		7. Name and Address of Current Registered Agent		Not Applicable
Zip <u>33179</u>	Country <u>USA</u>	Zip <u>33179</u>	Country <u>USA</u>	Name <u>Michael Pfeffer</u>		

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IN THIS SPACE**

Street Address (P.O. Box Number is Not Acceptable) <u>19501 NE 10th Ave Bay H</u>	
<u>Bld 1</u>	
City <u>Miami</u>	FL Zip Code <u>33179</u>

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.

SIGNATURE [Signature] DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25</p> <p>Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PD Michael PFEFFER 19501 NE 10th Ave Bay H Bld 1 Miami, FL 33179</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

[Handwritten notes and signatures]