


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90229 046 \*\*\*150.00

**DOCUMENT # P0000009984**

1. Entity Name  
**NEUROLOGY ASSOCIATES GROUP-TWO, INC.**



Principal Place of Business      Mailing Address

19501 NE 10TH AVENUE BAY H BLDG 1  
 NORTH MIAMI BEACH FL 33179      19501 NE 10TH AVENUE BAY H BLDG 1  
 NORTH MIAMI BEACH FL 33179



MOORE CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address

**152 NE 107<sup>th</sup> STREET**      **152 NE 107<sup>th</sup> STREET**

(Suite) Apt. #, etc.      (Suite) Apt. #, etc.

**200**      **200**

City & State      City & State

**Miami**      **Miami**

Zip      Country      Zip      Country

**33162**      **USA**      **FL**      **USA**

4. FEI Number      Applied For

**65-0976992**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PFEFFER, MICHAEL M**  
**19501 NE 10TH AVENUE BAY H BLDG 1**  
**NORTH MIAMI BEACH FL 33179**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**152 NE 107<sup>th</sup> ST # 200**

City      FL      Zip Code

**MIAMI**      **33162**

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 \_\_\_\_\_ DATE \_\_\_\_\_

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

**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	PFEFFER, MICHAEL M	
STREET ADDRESS	19501 NE 10TH AVENUE BAY H BLDG 1	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>152 NE 107<sup>th</sup> ST # 200</b>	
CITY-ST-ZIP	<b>MIAMI FL 33162</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowered.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR