

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000009984

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

152 NE 167TH STREET #200  
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

152 NE 167TH STREET #200  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

152 NE 167TH STREET #200  
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

152 NE 167TH STREET #200  
NORTH MIAMI BEACH, FL 33162

FEI Number: 65-0976992

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CIVIL TRIAL PRACTICE, PA  
152 NE 167TH STREET  
# 300  
MIAMI, FL 33162 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: ROBBINS, DAVID  
Address: 152 NE 167 ST # 200  
City-St-Zip: MIAMI, FL 33162

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify 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: DAVID ROBBINS

PRES

04/15/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date