

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000045450

FILED  
Jan 07, 2005  
Secretary of State

Entity Name: PINES NEUROLOGICAL ASSOCIATES INC.

**Current Principal Place of Business:**

2589 JORDIN CT  
WESTON, FL 33327

**New Principal Place of Business:**

2589 JARDIN CT  
WESTON, FL 33327

**Current Mailing Address:**

2589 JORDIN CT  
WESTON, FL 33327

**New Mailing Address:**

2589 JARDIN CT  
WESTON, FL 33327

FEI Number: 65-1011385

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBBINS, DAVID  
2589 JORDIN CT  
WESTON, FL 33327 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: P ( ) Delete  
Name: ROBBINS, DAVID  
Address: 2589 JORDIN CT  
City-St-Zip: WESTON, FL 33327

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

Title: P (X) Change ( ) Addition  
Name: ROBBINS, DAVID  
Address: 2589 JARDIN CT  
City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the 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 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 A. ROBBINS

MR.

01/07/2005

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

\_\_\_\_\_ Date