# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 30, 2007**
**Secretary of State**

DOCUMENT# P00000045450

**Entity Name:** PINES NEUROLOGICAL ASSOCIATES INC.

**Current Principal Place of Business:**

3493 BIRCH TERRACE
DAVIE, FL 33330

**New Principal Place of Business:**

600 N. HIATUS RD.
SUITE #201
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

3493 BIRCH TERRACE
DAVIE, FL 33330

**New Mailing Address:**

**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
3493 BIRCH TERRACE
DAVIE, FL 33330 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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: ROBBINS, DAVID
Address: 3493 BIRCH TERRACE
City-St-Zip: DAVIE, FL 33330

**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 06/30/2007

Electronic Signature of Signing Officer or Director Date