

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000104054

FILED
Mar 15, 2006
Secretary of State

Entity Name: CENTRAL NERVOUS SYSTEM CENTER, INC.

Current Principal Place of Business:

747 PONCE DE LEON BLVD
SUITE 609
CORAL GABLES, FL 33134

Current Mailing Address:

747 PONCE DE LEON BLVD
SUITE 609
CORAL GABLES, FL 33134

New Principal Place of Business:

11333 N. SCOTTSDALE RD.
SUITE 280
SCOTTSDALE, AZ 85254 US

New Mailing Address:

11333 N. SCOTTSDALE RD.
SUITE 280
SCOTTSDALE, AZ 85254 US

FEI Number: 65-1053392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SABATES, CESAR R
747 PONCE DE LEON BLVD #609
CORAL GABLES, FL 33134 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: DP () Delete
Name: GUILLEN, RAMIRO
Address: 11333 NORTH SCOTTSDALE RD SUITE 280
City-St-Zip: SCOTTSDALE, AZ 85254

Title: DST () Delete
Name: PUPO-GUILLEN, MARILYN
Address: 11333 NORTH SCOTTSDALE RD SUITE 280
City-St-Zip: SCOTTSDALE, AZ 85254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RAMIRO GUILLEN, MD

DP

03/15/2006

Electronic Signature of Signing Officer or Director

_____ Date