


2006 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED
Jul 25, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000104719
1. Entity Name
MIAMI NEUROLOGY & REHABILITATION SPECIALISTS, INC.



Principal Place of Business 5975 SUNSET DR. STE. 405 MIAMI, FL 33143	Mailing Address 5975 SUNSET DR. STE. 405 MIAMI, FL 33143
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DO NOT WRITE IN THIS SPACE



07152006 No Chg-P CR2E034 (11/05)

4. FEI Number 30-0117432	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, CAROLYN
6821 S.W. 5TH TERRACE
MIAMI, FL 33144

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

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, CAROLYN 6821 S.W. 5TH TERRACE MIAMI, FL 33144
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07/25/06-80023-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Carolyn Martin* **X** 7/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #