

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Apr 08, 2008  
Secretary of State**

DOCUMENT# P02000104719

**Entity Name:** MIAMI NEUROLOGY & REHABILITATION SPECIALISTS, INC.

**Current Principal Place of Business:**

5975 SUNSET DR.  
STE. 405  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

5975 SUNSET DR.  
STE. 405  
MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:** 30-0117432      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MARTIN, CAROLYN  
Address: 6821 S.W. 5TH TERRACE  
City-St-Zip: MIAMI, FL 33144

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: P, D (X) Change ( ) Addition  
Name: MARTIN, CAROLYN  
Address: 5975 SUNSET DRIVE STE 405  
City-St-Zip: MIAMI, FL 33143

Title: VP ( ) Change (X) Addition  
Name: GAZO, NICHOLAS  
Address: 5975 SUNSET DRIVE STE 405  
City-St-Zip: MIAMI, FL 33143

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: NICHOLAS GAZO

VP

04/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date