

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000000980

FILED
Apr 30, 2007
Secretary of State

Entity Name: NEUROLOGY MOBILE SYSTEM ASSOCIATES INC.

Current Principal Place of Business:

8585 SUNSET DR. #45
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

8585 SUNSET DR. #45
MIAMI, FL 33143

New Mailing Address:

FEI Number: 65-1180239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFARO, R. MARILYN
8585 SUNSET DR. #45
MIAMI, FL 33143 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: D () Delete
Name: ALFARO, R. MARILYN
Address: 3197 SW 111 AVE.
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: BLANCO, ILEANA
Address: 8585 SUNSET DRIVE .
City-St-Zip: MIAMI, FL 33145

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 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: MARILYN ALFARO

D

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date