


FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90151 035 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000049576 1. Entity Name COMPREHENSIVE NEUROLOGY CLINIC P.A		
Principal Place of Business 250 NORTH ALFAYA TRAIL, STE. 115 ORLANDO, FL 32828		Mailing Address 250 NORTH ALFAYA TRAIL, STE. 115 ORLANDO, FL 32828
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
4. FEL Number 84-1652443		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent EL-SAID, REFAAT 250 NORTH ALFAYA TRAIL, STE. 115 ORLANDO, FL 32828		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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.		FL Zip Code
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small>		DATE _____
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$6.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE OD NAME EL SAID, REFAAT <i>EL-Said Refaat</i> <input type="checkbox"/> Delete	STREET ADDRESS 250 NORTH ALFAYA TRAIL, STE. 115 ORLANDO, FL 32828	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	TITLE VP NAME DAHAN, DINA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 250 NORTH ALFAYA TRAIL, STE 115 CITY-ST-ZIP ORLANDO, FL 32828
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.		
SIGNATURE: <i>X [Signature]</i>		Date X 4/29/05 <small>Daytime Phone #</small>