

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000078427

FILED
Feb 02, 2012
Secretary of State

Entity Name: NEUROCARE ASSOCIATES, INC.

Current Principal Place of Business:

6574 N STATE RD 7
PMB 106
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

6574 N STATE RD 7
PMB 106
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 65-0461509 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMELY, ABRAHAM MD
6574 N STATE RD 7
PMB 106
COCONUT CREEK, FL 33073 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: SD
Name: CHAMELY, ABRAHAM MD
Address: 4070 NW 83RD LN
City-St-Zip: CORAL SPRINGS, FL 33065

Title: PD
Name: LESSER, MARTIN A
Address: 2420 CASTILLA ISLE
City-St-Zip: FT LAUDERDALE, FL 33301

I hereby 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 all other like empowered.

SIGNATURE: ABRAHAM CHAMELY, MD

SD

02/02/2012

Electronic Signature of Signing Officer or Director

_____ Date