

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000033173

FILED
Dec 05, 2005
Secretary of State

Entity Name: NEUROLOGY GROUP OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

4300 ALTON RD. SUITE 2060
MIAMI BCH, FL 33140

New Principal Place of Business:

Current Mailing Address:

4300 ALTON RD. SUITE 2060
MIAMI BCH, FL 33140

New Mailing Address:

FEI Number: 65-0827420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEA, SEAN
4300 ALTON RD. SUITE 2060
MIAMI BCH, FL 33140 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: SHEA, SEAN
Address: 4300 ALTON RD STE 2060
City-St-Zip: MIAMI BEACH, FL 33140

Title: MD () Delete
Name: DIAZ, GEORGE
Address: 4300 ALTON RD STE 2060
City-St-Zip: MIAMI BCH, FL 33140

Title: MD () Delete
Name: CROSS, JONATHAN MD
Address: 4300 ALTON RD STE 2060
City-St-Zip: MIAMI BEACH, FL 33140

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/D (X) Change () Addition
Name: SHEA, SEAN
Address: 4300 ALTON RD STE 2060
City-St-Zip: MIAMI BEACH, FL 33140

Title: T/M (X) Change () Addition
Name: DIAZ, GEORGE
Address: 4300 ALTON RD STE 2060
City-St-Zip: MIAMI BCH, FL 33140

Title: V/D (X) Change () Addition
Name: CROSS, JONATHAN MD
Address: 4300 ALTON RD STE 2060
City-St-Zip: MIAMI BEACH, FL 33140

Title: P/D () Change (X) Addition
Name: KREGER, HOWARD MD
Address: 4300 ALTON RD STE 2060
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SEAN SHEA

D

12/05/2005

Electronic Signature of Signing Officer or Director

Date