


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

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| DOCUMENT # S47488 1. Entity Name NEUROLOGY AND ELECTROMYOGRAPHY CONSULTANTS, P.A. |  |
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| Principal Place of Business 1400 S. ORLANDO AVENUE SUITE 301 WINTER PARK, FL 32789 | Mailing Address 1400 S. ORLANDO AVENUE SUITE 301 WINTER PARK, FL 32789 |
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01262004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3061928 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent OPPEHNEIM, RONALD E. 1400 S. ORLANDO AVENUE SUITE 301 WINTER PARK, FL 32789 |
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| 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. | |
| SIGNATURE <i>Ronald E. Oppenheim</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | <i>Ronald E. Oppenheim</i> <i>2-18-04</i> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small> |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000061331 02/23/04-80075-020 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP OPPENHEIM, RONALD E. 1400 S. ORLANDO AVENUE WINTER PARK, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT GEBEL, MICHAEL A. 1400 S ORLANDO AVE WINTER PARK, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ARAGON, ERIK 1400 S. ORLANDO AVE. WINTER PARK, FL |
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| 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 if changed, or on an attachment with an address, with all other like empowered. | |
| SIGNATURE: <i>Ronald E. Oppenheim</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <i>Ronald E. Oppenheim</i> <i>2-18-04</i> <i>407 3197</i> <small>Date Daytime Phone #</small> |