2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S47488

1. Entity Name

NEUROLOGY AND ELECTROMYOGRAPHY

CONSULTANTS, P.A.

Principal Place of Business

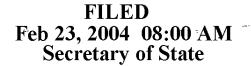
1400 S. ORLANDO AVENUE

SUITE 301 WINTER PARK, FL 32789 Mailing Address

1400 S. ORLANDO AVENUE

SUITE 301

WINTER PARK, FL 32789





DO NOT WRITE IN THIS SPACE

01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3061928

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OPPEHNEIM, RONALD E. 1400 S. ORLANDO AVENUE SUITE 301 WINTER PARK, FL 32789

SIGNATURE:

DO NOT WRITE IN THIS SPACE

the obligat	ions of registered agent; Signature, typed or printed range of registered agent and title	Rona (d. (NOTE, Registered Agent	t signature required when reinstating)	penhern 2-18-84
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		U00000061331 02/23/04-80075-020 150.00
10.	OFFICERS AND DIRE	CTÓRS		
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 GITY-ST-ZIP	SD ARAGON, ERIK 1400 S. ORLANDO AVE. WINTER PARK, FL		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			angaganan dan dan dan dan dan dan dan dan dan	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			··· · - · · - · · · · · · · · · · · · ·	
12. I hereby certify that the information supplied with this filling 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 emproyered 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 all other like empowered.				

6. 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