

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000004205

**Entity Name:** NEUROLOGY ASSOCIATES GROUP, INC.

**Current Principal Place of Business:**

152 NE 167TH STREET  
100  
MIAMI, FL 33162

**Current Mailing Address:**

152 NE 167TH STREET  
200  
MIAMI, FL 33162 US

**FEI Number:** 65-0976458

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CIVIL TRIAL PRACTICE, P.A.  
152 NE 167TH STREET, 3RD FLOOR  
MIAMI, FL 33162 US

*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

**Officer/Director Detail :**

Title PD  
Name ROBBINS, DAVID  
Address 152 NE 167TH ST. STE.100  
City-State-Zip: MIAMI FL 33162

*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:** DAVID A. ROBBINS

**PRESIDENT**

**02/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date