


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90009 034 ***150.00

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DOCUMENT # 479648					
1. Entity Name NEUROLOGICAL ASSOCIATES - H. HOOSHMAND, M.D., P.A.					
Principal Place of Business 1255 37TH ST SUITE B VERO BEACH, FL 32960			Mailing Address 1255 37TH ST SUITE B VERO BEACH, FL 32960		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1606532	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOOSHMAND, HOOSHANG 4090 4TH STREET VERO BEACH, FL 32961			7. Name and Address of New Registered Agent Name: <u>Hooshmand, Hooshang</u> Street Address (P.O. Box Number is Not Acceptable): <u>4265 5th Place</u> City: <u>VERO BEACH</u> FL <u>32968</u>		
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>1-6-05</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP HOOSHMAND, HOOSHANG 4090 4TH ST. VERO BEACH, FL 32968 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP Hooshmand, Hooshang 4265 5th Place VERO BEACH FL 32968 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT HOOSHMAND, CLARA J. 4090 4TH ST. VERO BEACH, FL 32968 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: <u>1-6-05</u> Daytime Phone #					