

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

01-11-2005 90009 034 \*\*\*150.00

**DOCUMENT # 479648**  
 1. Entity Name  
**NEUROLOGICAL ASSOCIATES - H. HOOSHMAND, M.D., P.A.**



Principal Place of Business      Mailing Address  
 1255 37TH ST                      1255 37TH ST  
 SUITE B                              SUITE B  
 VERO BEACH, FL 32960          VERO BEACH, FL 32960

00001317

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip                      Country                      Zip                      Country



01042005      Chg-P      CR2E034 (10/03)

4. FEI Number                      Applied For  
 59-1606532                      Not Applicable

5. Certificate of Status Desired            \$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: *Hooshmand, Hooshang*  
 Street Address (P.O. Box Number is Not Acceptable): *4265 5th Place*  
 City: *VERO BEACH*      FL *32968*

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: *[Signature]*      DATE: *1-6-05*  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**  
 9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	CDP	<input type="checkbox"/> Delete
NAME	HOOSHMAND, HOOSHANG	
STREET ADDRESS	4090 4TH ST.	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	HOOSHMAND, CLARA J.	
STREET ADDRESS	4090 4TH ST.	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	CDP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hooshmand, Hooshang	
STREET ADDRESS	4265 5th Place	
CITY-ST-ZIP	VERO BEACH FL. 32968	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*      DATE: *1-6-05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #