


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90098 007 ***150.00

DOCUMENT # 479648

1. Entity Name
NEUROLOGICAL ASSOCIATES - H. HOOSHMAND, M.D., P.A.




Principal Place of Business Mailing Address
4265 5TH PLACE **P.O. BOX 6394**
VERO BEACH, FL 32968 US **VERO BEACH, FL 32961 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04262007 Chg-P CR2E034 (12/06)

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
4265 5TH PLACE
VERO BEACH, FL 32968

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	4265 5TH PLACE	
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	<i>ZARA ALAIMO</i>	<input type="checkbox"/> Delete
NAME	<i>B35 31st Ave</i>	
STREET ADDRESS	<i>VERO BEACH, FL 32960</i>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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STREET ADDRESS	
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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 exemptions contained in Chapter 119, 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: *Zara Alaimo* **4/30/07** **(772) 770-9339**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #