

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 488860

FILED  
Apr 16, 2004  
Secretary of State

**Entity Name:** NEUROLOGIC CONSULTANTS, LOPEZ, STEWART, WAGSHUL, BARREDO AND KOHRMAN, M.D., P.A.

**Current Principal Place of Business:**

P.O. BOX 432250  
P. O. BOX 431150  
SOUTH MIAMI, FL 332432250 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 432250  
P. O. BOX 431150  
SOUTH MIAMI, FL 332432250 US

**New Mailing Address:**

**FEI Number:** 59-1630265      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LOPEZ, RAY  
7330 SOUTHWEST 62ND PLACE  
#310  
SOUTH MIAMI, FL 33143 US

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

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

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LOPEZ, RAY,  
Address: 7330 SOUTHWEST 62ND PL  
City-St-Zip: SOUTH MIAMI, FL

Title: D ( ) Delete  
Name: STEWART, JAMES G.,  
Address: 7330 SOUTHWEST 62ND PL  
City-St-Zip: SOUTH MIAMI, FL

Title: D ( ) Delete  
Name: WAGSHUL, ALAN M.,  
Address: 7330 SOUTHWEST 62ND PL  
City-St-Zip: SOUTH MIAMI, FL

Title: D ( ) Delete  
Name: BARREDO, VICTOR,  
Address: 7330 SOUTHWEST 62ND PL  
City-St-Zip: SOUTH MIAMI, FL 00000,

Title: D ( ) Delete  
Name: KOHRMAN, BRUCE D  
Address: 7330 SW 62ND PLACE  
City-St-Zip: SOUTH MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RAY LOPEZ

PRES

04/16/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date