

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90039 050 \*\*\*150.00

**60013225**



01032006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # 600290</b> 1. Entity Name <b>DRS. ARONSON, TRAINA &amp; IBARS NEUROSURGICAL ASSOCIATES, P.A.</b>					
Principal Place of Business <b>7400 SW 88TH STREET MIAMI, FL 33156</b>			Mailing Address <b>7400 SW 88TH STREET MIAMI, FL 33156</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>307</b> City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. <b>307</b> City & State Zip Country			
4. FEI Number <b>59-1196297</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ARONSON, HUBERT A. 7400 N. KENDALL DRIVE MIAMI, FL 33156</b>			7. Name and Address of New Registered Agent Name. Street Address (P.O. Box Number is Not Acceptable) <b>#307</b> City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ARONSON, HUBERT A. 7400 N. KENDALL DR. MIAMI, FL</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD TRAINA, JOSEPH 7400 N. KENDALL DR. MIAMI, FL</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D IBARS, GEORGE M.D. 7400 N. KENDALL DRIVE, #307 MIAMI, FL 33156</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b>		<b>2/6/06 305-670-7823</b> Date Daytime Phone #			