


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 600534</b> 1. Entity Name NORMAN, FLATEN, TODD AND HAMMOND NEUROLOGIC CONSULTANTS, P.A.	
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Principal Place of Business CONSULTANTS, P.A. 1841 NE 45TH STREET FORT LAUDERDALE, FL 33308	Mailing Address CONSULTANTS, P.A. 1841 NE 45TH STREET FORT LAUDERDALE, FL 33308
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03112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1224054	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  FLATEN, PAUL 1841 N E 45TH ST FORT LAUDERDALE, FL 33308	<b>DO NOT WRITE IN THIS SPACE</b>
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	DV HAMMOND, THOMAS 2921 NE 46TH ST. LIGHTHOUSE PT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TODD, H. MURRAY 3701 N.E. 24 AVENUE LIGHTHOUSE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HARRIS, JONATHAN 3761 NW 99TH AVE CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLATEN, PAUL 2357 NE 30TH COURT LIGHTHOUSE PT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SWERDLOFF, MARC 5012 CHARDONNARY DR CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAST TARRAS, SETH 1443 NW 127TH WAY CORAL SPRINGS, FL

000000275036  
03/24/05-80036-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:  **H. MURRAY TODD** (954) 942-9997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #