

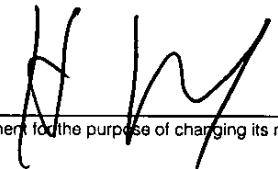


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90027 048 ***150.00

DOCUMENT # 627906																					
1. Entity Name CENTRAL FLORIDA NEUROLOGIC CONSULTANTS, P.A.																					
Principal Place of Business 744 W PLYMOUTH AVE DELAND, FL 32720		Mailing Address 744 W PLYMOUTH AVE DELAND, FL 32720																			
2. Principal Place of Business 742 W. Plymouth Ave.		3. Mailing Address 742 W. Plymouth Ave.																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																			
City & State DeLand, FL		City & State DeLand, FL																			
Zip 32720	Country Volusia	Zip 32720	Country Volusia	4. FEI Number 59-1917338																	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																	
6. Name and Address of Current Registered Agent DINKLA, HENDRIK MD 744 W PLYMOUTH AVE DELAND, FL 32720 				7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Name Dinkla, Hendrik</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable) 742 W. Plymouth Ave. (new address)</td> </tr> <tr> <td>City DeLand</td> <td>State FL</td> </tr> <tr> <td colspan="2">Zip 32720</td> </tr> </table>		Name Dinkla, Hendrik		Street Address (P.O. Box Number is Not Acceptable) 742 W. Plymouth Ave. (new address)		City DeLand	State FL	Zip 32720									
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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 <u>Hendrik Dinkla, M.D.</u>				DATE <u>3/15/06</u>																	
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																		
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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.

Jeffrey S. Corak, M.D.

03/14/06 386-736-8622

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #