

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90001 022 \*\*\*150.00

**DOCUMENT # 636156**

1. Entity Name

BAUMEL-EISNER NEUROMEDICAL INSTITUTE, INC.



Principal Place of Business

7301 NORTH UNIVERSITY DRIVE  
SUITE 300  
TAMARAC FL 33321

Mailing Address

7301 NORTH UNIVERSITY DRIVE  
SUITE 300  
TAMARAC FL 33321

2. Principal Place of Business

3. Mailing Address

750 W. John Carpenter

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1200

City & State

City & State

Irving, TX

Zip

Country

Zip

75039

Country

USA

4. FEI Number

59-1931184

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CHAI  
NAME HALBERT, DAVID D  
STREET ADDRESS 750 W JOHN CARPENTER FRWY STE 1200  
CITY-ST-ZIP IRVING TX 75039

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CCEO  
NAME BAUMEL, BARRY MD  
STREET ADDRESS 7301 N. UNIVERSITY DR, STE 300  
CITY-ST-ZIP TAMARAC FL 33321

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CCEO  
NAME EISNER, LARRY M.D  
STREET ADDRESS 7301 N. UNIVERSITY DR., STE 300  
CITY-ST-ZIP TAMARAC FL 33321

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P  
NAME HALBERT, DAVID D  
STREET ADDRESS 750 W JOHN CARPENTER FRWY STE 1200  
CITY-ST-ZIP FRISCO TX 75034

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CFO  
NAME JORDON, YON Y  
STREET ADDRESS 750 W JOHN CARPENTER FRWY STE 1200  
CITY-ST-ZIP FRISCO TX 75034

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPS  
NAME JOHANSEN, LAURA I  
STREET ADDRESS 750 W JOHN CARPENTER FRWY STE 1200  
CITY-ST-ZIP FRISCO TX 75034

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shawn Shearer / Asst. Secretary 2/19/04 469-524-4822

Daytime Phone #