


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAY -6 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 750 W. JOHN CARPENTER #1200 IRVING, TX 75039	
2. Principal Place of Business		3. Mailing Address <i>211 Commerce Street</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 800</i>	
City & State		City & State <i>Nashville TN</i>	
Zip	Country	Zip	Country
		<i>37201</i>	<i>US</i>
4. FEI Number 59-1931184		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. <b>100054031581</b>			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAI HALBERT, DAVID D 750 W JOHN CARPENTER FRWY STE 1200 IRVING, TX 75039 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P/D</i> <i>Howard A. McLure</i> <i>211 Commerce Street, Suite 800</i> <i>Nashville, TN 37201</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO BAUMEL, BARRY MD 7301 N. UNIVERSITY DR, STE 300 TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP/S/D</i> <i>Sara J. Finley</i> <i>211 Commerce Street, Suite 800</i> <i>Nashville, TN 37201</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO EISNER, LARRY M.D 7301 N. UNIVERSITY DR., STE 300 TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP/D</i> <i>Bradley S. Karro</i> <i>211 Commerce Street, Suite 800</i> <i>Nashville, TN 37201</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALBERT, DAVID D 750 W JOHN CARPENTER FRWY STE 1200 FRISCO, TX 75034 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T</i> <i>Peter J. Clemens IV</i> <i>211 Commerce Street, Suite 800</i> <i>Nashville, TN 37201</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO JORDON, YON Y 750 W JOHN CARPENTER FRWY STE 1200 FRISCO, TX 75034 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS JOHANSEN, LAURA I 750 W JOHN CARPENTER FRWY STE 1200 FRISCO, TX 75034 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>x Denise Sommer</i>		Date <i>5/5/05</i> Phone # <i>615-743-6600</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 357763 7416132

AUTHORIZATION : *Patricia Papp*

COST LIMIT : \$ 550.00

ORDER DATE : May 6, 2005

ORDER TIME : 2:22 PM

ORDER NO. : 357763-035

CUSTOMER NO: 7416132

CUSTOMER: Gina R. Clark  
Caremark Rx, Inc.  
8th Floor  
211 Commerce St.  
Nashville, TN 37201

RECEIVED  
05 MAY - 6 PM 3:04  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: BAUMEL-EISNER NEUROMEDICAL  
INSTITUTE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#2914

EXAMINER'S INITIALS: \_\_\_\_\_