


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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 211 COMMERCE STREET, STE. 800 NASHVILLE, TN 37201 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

DO NOT WRITE
IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCLURE, HOWARD A 211 COMMERCE STREET, STE 800 NASHVILLE, TN 37201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD FINLEY, SARA J 211 COMMERCE STREET, STE 800 NASHVILLE, TN 37201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD KARRO, BRADLEY S 211 COMMERCE STREET, STE 800 NASHVILLE, TN 37201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLEMENS, PETER J 211 COMMERCE STREET, STE 800 NASHVILLE, TN 37201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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.

SIGNATURE: Denise Sommer *Denise Sommer*
Asst. Corp. Secretary Date 6-13-06 Daytime Phone # 615-943-6611

FILED

06 JUN 23 PM 1:15

SEC-1
400078522624
TALLAHASSEE, FLORIDA



06132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1931184	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 196990 7416132

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 550.00

ORDER DATE : June 21, 2006

ORDER TIME : 7:15 PM

ORDER NO. : 196990-055

CUSTOMER NO: 7416132

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: _____

RECEIVED
06 JUN 23 AM 8:59
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA