

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 APR 15 PM 4:10

<b>DOCUMENT # A03000000985</b>					
<b>1. Entity Name</b> NEUROLOGICAL MANAGEMENT, LTD.					
<b>Principal Place of Business</b> 4700-U SHERIDAN STREET C/O MELVIN GROSSMAN HOLLYWOOD, FL 33021			<b>Mailing Address</b> 4700-U SHERIDAN STREET C/O MELVIN GROSSMAN HOLLYWOOD, FL 33021		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02252004    Chg-LP    CR2E003 (10/03)	
<b>4. FEI Number</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
KRAMER, ROBERT M 4000 HOLLYWOOD BLVD., SUITE 485 SOUTH HOLLYWOOD, FL 33021			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title of office.</small>					
<b>9. Capital Contributions as Shown on record.</b> \$990.00			<b>10. Amount of Capital Contributions in FLORIDA to date.</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GROSSMAN, MELVIN M 4700-U SHERIDAN STREET HOLLYWOOD, FL 33021		STREET ADDRESS CITY-ST-ZIP	000000104535 04/08/04-80019-003 150.00	
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<b>14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes</b>					
<b>SIGNATURE:</b> _____			3-23-2004 954-962-6383		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE