

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A03000000985**

**1. Entity Name**  
**NEUROLOGICAL MANAGEMENT, LTD.**



**Principal Place of Business**  
**4700-U SHERIDAN STREET**  
**C/O MELVIN GROSSMAN**  
**HOLLYWOOD, FL 33021**

**Mailing Address**  
**4700-U SHERIDAN STREET**  
**C/O MELVIN GROSSMAN**  
**HOLLYWOOD, FL 33021**



01172007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**20-0078064**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**KRAMER, ROBERT M**  
**4000 HOLLYWOOD BLVD., SUITE 485 SOUTH**  
**HOLLYWOOD, FL 33021**

**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**

Signature, typed or printed name of registered agent and title if applicable

**DATE**

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

**DOCUMENT #**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**GROSSMAN, MELVIN M**  
**4700-U SHERIDAN STREET**  
**HOLLYWOOD, FL 33021**

**DOCUMENT #**  
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**CITY - ST - ZIP**

U000000710992:  
04/25/07-80064-014 500.00

**DO NOT WRITE**  
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**14. 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 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**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

215/7 954 962 333

STAPLE CHECK HERE