

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000002998

1. Entity Name
NEURORESTORATIVE ASSOCIATES, INC.



Principal Place of Business
**4500 WEST COMMERCIAL DRIVE
NORTH LITTLE, AR 72116**

Mailing Address
**4500 WEST COMMERCIAL DRIVE
NORTH LITTLE, AR 72116**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1688479

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PC
ROBERTSON, JACK
4500 WEST COMMERCIAL DRIVE
NORTH LITTLE, AR 72116**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VV
CARRILLO, ROGER
4500 WEST COMMERCIAL DRIVE
NORTH LITTLE, AR 72116**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ROBERTS, JAN
4500 WEST COMMERCIAL DRIVE
NORTH LITTLE, AR 72116**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
STOKER, OWEN
4500 WEST COMMERCIAL DRIVE
NORTH LITTLE, AR 72116**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000381658
01/11/06-80063-016 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OWEN STOKER

1/5/06

Date

501-758-8799

Daytime Phone #