

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90041 033 \*\*\*150.00

<b>DOCUMENT # H27582</b> 1. Entity Name <b>NEUROSCIENCE CENTER OF BOCA RATON, INC.</b>					
Principal Place of Business <b>1500 NW 10TH AVENUE STE 105 BOCA RATON FL 33486</b>			Mailing Address <b>1500 NW 10TH AVENUE STE 105 BOCA RATON FL 33486</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-2451279</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FRIEND, HAROLD 1500 NW 10TH AVE. STE 105 BOCA RATON FL 33832</b>			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. <i>HAROLD C FRIEND</i> SIGNATURE: <i>[Signature]</i> DATE: <i>3/10/04</i> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRIEND, HAROLD C. 1500 NW 10TH AVE #105 BOCA RATON FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAILYN, RICHARD S. 1500 NW 10TH AVE #105 BOCA RATON FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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>[Signature]</i> <b>HAROLD C FRIEND</b> <i>3/31/04</i> <i>(561)392-8533</i> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)      Date      Daytime Phone #</small>					