



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # H27582 1. Entity Name NEUROSCIENCE CENTER OF BOCA RATON, INC.		
Principal Place of Business 1500 NW 10TH AVENUE STE 105 BOCA RATON, FL 33486	Mailing Address 1500 NW 10TH AVENUE STE 105 BOCA RATON, FL 33486	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FRIEND, HAROLD 1500 NW 10TH AVE. STE 105 BOCA RATON, FL 33832		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP FRIEND, HAROLD C. 1500 NW 10TH AVE #105 BOCA RATON, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BAILYN, RICHARD S. 1500 NW 10TH AVE #105 BOCA RATON, FL	
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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 changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



03062006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2451279

Applied For
Not Applicable

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

000000464523
03/22/06-80016-002 150.00

**DO NOT WRITE
IN THIS SPACE**