2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007
Secretary of State

DOCUMENT# H27582

Entity Name: NEUROSCIENCE CENTER OF BOCA RATON, INC.

Current Principal Place of Business:

1500 NW 10TH AVENUE
STE 105
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

1500 NW 10TH AVENUE
STE 105
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 59-2451279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRIEND, HAROLD
1500 NW 10TH. AVE. STE 105
BOCA RATON, FL 33832 US

Name and Address of New Registered Agent:

BAILYN, RICHARD S M.D.
1500 NW 10TH. AVE.
SUITE 105
BOCA RATON, FL 33486 US

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.

SIGNATURE: RICHARD S. BAILYN, M.D. 01/24/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: FRIEND, HAROLD C.,
Address: 1500 NW 10TH AVE #105
City-St-Zip: BOCA RATON, FL

Title: D (X) Delete
Name: BAILYN, RICHARD S.,
Address: 1500 NW 10TH AVE #105
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BAILYN, RICHARD S M.D.
Address: 1500 NW 10TH AVE #105
City-St-Zip: BOCA RATON, FL 33486

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD S. BAILYN, M.D. DP 01/24/2007
Electronic Signature of Signing Officer or Director Date