

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90229 046 ***150.00

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1. Entity Name

NEUROLOGY ASSOCIATES GROUP-TWO, INC.

Principal Place of Business

19501 NE 10TH AVENUE BAY H BLDG 1
NORTH MIAMI BEACH FL 33179

Mailing Address

19501 NE 10TH AVENUE BAY H BLDG 1
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business

152 NE 107th STREET

3. Mailing Address

152 NE 107th STREET

(Suite) Apt. #, etc.

200

(Suite) Apt. #, etc.

200

City & State

Miami

City & State

Miami

4. FEI Number

65-0976992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

33162

Country

USA

Zip

FL

Country

USA

6. Name and Address of Current Registered Agent

PFEFFER, MICHAEL M
19501 NE 10TH AVENUE BAY H BLDG 1
NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

152 NE 107th ST # 200

City

Miami

FL

Zip Code

33162

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PFEFFER, MICHAEL M
STREET ADDRESS 19501 NE 10TH AVENUE BAY H BLDG 1
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 152 NE 107th ST # 200
CITY-ST-ZIP MIAMI FL 33162

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #