


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90132 013 ***150.00

| | | | | | |
|---|---|--|--|--|--|
| DOCUMENT # P00000009984 1. Entity Name NEUROLOGY ASSOCIATES GROUP-TWO, INC. | | | |  | |
| Principal Place of Business 152 NE 167TH STREET #200 NORTH MIAMI BEACH, FL 33179 | | | Mailing Address 152 NE 167TH STREET #200 NORTH MIAMI BEACH, FL 33179 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0976992 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| PFEFFER, MICHAEL M 152 NE 167TH STREET #200 MIAMI, FL 33162 | | | Name Civil Trial Practice PA Street Address (P.O. Box Number is Not Acceptable) 152 NE 167 ST # 300 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 <u><i>[Signature]</i></u> for <u>Civil Trial Practice, P.A.</u> <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, 2005 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD PFEFFER, MICHAEL M 152 NE 167TH STREET #200 MIAMI, FL 33162 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | P DAVID ROBBINS 152 NE 167 ST # 200 Miami FL 33162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 4/27/05 <small>Date</small> | | |
| | | | <small>Daytime Phone #</small> | | |

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03182005 Chg-P CR2E034 (10/03)