


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90043 012 ***158.75

DOCUMENT # P00000009984	
1. Entity Name NEUROLOGY ASSOCIATES GROUP-TWO, INC.	

Principal Place of Business 152 NE 167TH STREET #200 NORTH MIAMI BEACH, FL 33179 33162	Mailing Address 152 NE 167TH STREET #200 NORTH MIAMI BEACH, FL 33179 33162
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DO NOT WRITE IN THIS SPACE

400000



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0976992	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CIVIL TRIAL PRACTICE, PA
152 NE 167TH STREET
300
MIAMI, FL 33162

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBBINS, DAVID 152 NE 167 ST # 200 MIAMI, FL 33162
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IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Robbins **David Robbins**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____