

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90027 009 ***150.00

DOCUMENT # P00000035390

1. Entity Name
NDNC NEUROLOGICAL TREATMENT CENTERS, INC.



Principal Place of Business - *CHANGE* Mailing Address - *CHANGE*
~~6067 HOLLYWOOD BLVD~~ *8320 W. SUNRISE BLVD* ~~6067 HOLLYWOOD BLVD~~ *8320 W. SUNRISE BLVD*
~~3RD FLOOR~~ *#109* ~~3RD FLOOR~~ *#109*
~~HOLLYWOOD, FL 33024~~ *PLANTATION, FL 33322* ~~HOLLYWOOD, FL 33024~~ *PLANTATION, FL 33322*

44049242



07132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1004316 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

PLEASE CHANGE
BROWN, STEVEN B
~~6067 HOLLYWOOD BLVD~~ *8320 W. SUNRISE BLVD*
~~3RD FLOOR~~ *#109*
~~HOLLYWOOD, FL 33024~~ *PLANTATION, FL 33322*

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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

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROWN, STEVEN B
STREET ADDRESS	6067 HOLLYWOOD <i>8320 W. SUNRISE BLVD</i>
CITY-ST-ZIP	HOLLYWOOD, FL 33024 <i>#109 PLANTATION, FL 33322</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

7/14/2004 *954-424-6377*
Date Daytime Phone #