

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000035390

FILED  
Apr 26, 2010  
Secretary of State

**Entity Name:** NDNC NEUROLOGICAL TREATMENT CENTERS, INC.

**Current Principal Place of Business:**

9720 STIRLING ROAD  
#212  
COOPER CITY, FL 33024

**New Principal Place of Business:**

605 E. ATLANTIC BLVD.  
POMPAÑO BEACH, FL 33060

**Current Mailing Address:**

9720 STIRLING ROAD  
#212  
COOPER CITY, FL 33024

**New Mailing Address:**

605 E. ATLANTIC BLVD.  
POMPAÑO BEACH, FL 33060

**FEI Number:** 65-1004316

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JAFFEE, MICHAEL S CPA  
9720 STIRLING ROAD  
#212  
COOPER CITY, FL 33024 US

**Name and Address of New Registered Agent:**

BROWN, STEVEN B PD  
18671 COLLINS AVE  
APT. 3303  
SUNNY ISLES, FL, FL 33160 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:** DR. STEVEN B BROWN

04/26/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** BROWN, STEVEN B PD  
**Address:** 18671 COLLINS AVE, APT. 3303  
**City-St-Zip:** SUNNY ISLES, FL 33160

I hereby 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 all other like empowered.

**SIGNATURE:** DR. STEVEN B BROWN

PD

04/26/2010

Electronic Signature of Signing Officer or Director

Date