

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000044940

Entity Name: MEDICAL NEUROLOGY, INC.

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

6245 N. FEDERAL HWY
SUITE 300
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

6245 N. FEDERAL HWY
SUITE 300
FT. LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 65-1014639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARKINS, CHRISTOPHER
6245 N FEDERAL HIGHWAY
SUITE 300
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NAGER, BRUCE
Address: 6245 N FEDERAL HIGHWAY, SUITE 300
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D () Delete
Name: HARKINS, CHRISTOPHER T
Address: 6245 N FEDERAL HIGHWAY, SUITE 300
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D (X) Delete
Name: STRIKOWSKI, JACOB
Address: 6245 N FEDERAL HIGHWAY, SUITE 300
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHRISTOPHER HARKINS

D

05/01/2006

Electronic Signature of Signing Officer or Director

Date