2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State
04-15-2005 90057 007 ***150.00

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1. Entity Name
NEUROLOGY CARE, INC.

Principal Place of Business	Mailing Address
5870 CAPO ISLAND RD SAINT AUGUSTINE, FL 32095	5870 CAPO ISLAND RD SAINT AUGUSTINE, FL 32095

DO NOT WRITE IN THIS SPACE

04072005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3668841
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEIDNER, DONALD W ESQ.
11265 ALUMNI WAY, STE. 201
JACKSONVILLE, FL 32246

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6. 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
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PERUMAL, AMUDHA MD
STREET ADDRESS	5870 CAPO ISLAND RD
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	

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LIL LLLLLLL Amudha Perumal 4/7/05 904 8299919
AMUDHA PERUMAL