


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000103899 1. Entity Name THE NEUROLOGY GROUP, INC.	
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Principal Place of Business 8780 SW 92 STREET #212 MIAMI, FL 33176	Mailing Address 8780 SW 92 STREET #212 MIAMI, FL 33176
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07062004 No Chg-P CR2E034 (10/03)

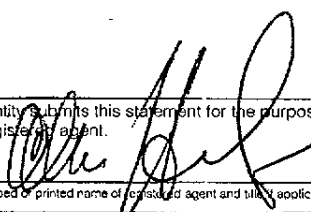
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0302308	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 HERSKOWITZ, ALLAN 8780 SW 92 STREET #212 MIAMI, FL 33176

**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:  (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 NAME STREET ADDRESS CITY - ST - ZIP	D HERSKOWITZ, ALLAN 8780 SW 92 STREET #212 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAN, BERNARD 8780 SW 92 STREET #212 MIAMI, FL 33176
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07/14/04-80003-013 150.00

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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 files empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: _____ Daytime Phone #: _____