

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000103899

Entity Name: THE NEUROLOGY GROUP, INC.

FILED
Oct 13, 2005
Secretary of State

Current Principal Place of Business:

8780 SW 92 STREET #212
MIAMI, FL 33176

New Principal Place of Business:

9090 SW 87TH CT.
SUITE 200
MIAMI, FL 33176

Current Mailing Address:

8780 SW 92 STREET #212
MIAMI, FL 33176

New Mailing Address:

9090 SW 87TH CT
SUITE 200
MIAMI, FL 33176

FEI Number: 65-0302308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERSKOWITZ, ALLAN
8780 SW 92 STREET #212
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

HERSKOWITZ, ALLAN
9090 SW 87TH CT
SUITE 200
MIAMI, FL 33176 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: ALLAN HERSKOWITZ

10/13/2005

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: HERSKOWITZ, ALLAN
Address: 8780 SW 92 STREET #212
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: GRAN, BERNARD
Address: 8780 SW 92 STREET #212
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HERSKOWITZ, ALLAN
Address: 9090 SW 87TH CT SUITE 200
City-St-Zip: MIAMI, FL 33176

Title: D (X) Change () Addition
Name: GRAN, BERNARD
Address: 9090 SW 87TH SUITE 200
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALLAN HERSKOWITZ

DR

10/13/2005

Electronic Signature of Signing Officer or Director

Date