2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004
Secretary of State

DOCUMENT# P01000046375

Entity Name: NORTHEAST FLORIDA NEUROLOGY CLINICS, INC.

Current Principal Place of Business:

1361 S. 13TH AV.
SUITE 170A
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

1361 S. 13TH AV.
SUITE 170A
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-3716706 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAIRBANKS, RANDAL C
217 PONTE VEDRA PARK DRIVE SUITE 200
PONT VEDRA BEACH, FL 32082

Name and Address of New Registered Agent:

FAIRBANKS, RANDAL C
76 SOUTH LAURA STREET
SUITE 1700
JACKSONVILLE, FL 32202

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: 02/11/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BOEHME, RICHARD J MD
Address: 1361 S. 13TH AVE SUITE 170A
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DV ( ) Delete
Name: CARTER, GRADY L
Address: 1361 S. 13TH AVE STE 170A
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VD ( ) Delete
Name: HOLTHAUS, KEVIN M
Address: 1361 S 13TH AVE STE 170A
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VD ( ) Delete
Name: ROBINSON, GEORGE I
Address: 1361 S 13TH AVE STE 170A
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VD ( ) Delete
Name: BAUGH, RONNIE D
Address: 1361 S. 13TH AVE STE 170A
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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:

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 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: RICHARD J. BOEHME, MD, PHD D 02/11/2004
Electronic Signature of Signing Officer or Director — Date