

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000046375

1. Entity Name

NORTHEAST FLORIDA NEUROLOGY CLINICS, INC.



Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number

59-3716706

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|-------|----------------------|-----------------------------|-----------------------------|---------------------------------|
| D | BOEHME, RICHARD J MD | 1361 S. 13TH AVE SUITE 170A | JACKSONVILLE BEACH FL 32250 | <input type="checkbox"/> |
| DV | CARTER, GRADY L | 1361 S. 13TH AVE STE 170A | JACKSONVILLE BEACH FL 32250 | <input type="checkbox"/> |
| VD | HOLTHAUS, KEVIN M | 1361 S 13TH AVE STE 170A | JACKSONVILLE BEACH FL 32250 | <input type="checkbox"/> |
| VD | ROBINSON, GEORGE I | 1361 S 13TH AVE STE 170A | JACKSONVILLE BEACH FL 32250 | <input type="checkbox"/> |
| VD | BAUGH, RONNIE D | 1361 S. 13TH AVE STE 170A | JACKSONVILLE BEACH FL 32250 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 02/13/07-80009-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 like empowered.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #