


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000046375

1. Entity Name
NORTHEAST FLORIDA NEUROLOGY CLINICS, INC.



Principal Place of Business Mailing Address

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

**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.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/07)

4. FEI Number **59-3716706** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS: \$150.00
After May 1, 2008 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	D	<input type="checkbox"/> Delete
NAME	BOEHME, RICHARD J MD	
STREET ADDRESS	1361 S. 13TH AVE SUITE 170A	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CARTER, GRADY L	
STREET ADDRESS	1361 S. 13TH AVE STE 170A	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOLTHAUS, KEVIN M	
STREET ADDRESS	1361 S 13TH AVE STE 170A	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBINSON, GEORGE I	
STREET ADDRESS	1361 S 13TH AVE STE 170A	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BAUGH, RONNIE D	
STREET ADDRESS	1361 S. 13TH AVE STE 170A	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

U00000843497
 03/11/08-80071-012 150.00

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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR