

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90054 046 ***150.00

DOCUMENT # P01000076094					
1. Entity Name BROWARD NEUROLOGICAL TREATMENT CENTER INC.					
Principal Place of Business 4331 NO. FEDERAL HWY 402 FT LAUDERDALE, FL 33308			Mailing Address 4331 NO. FEDERAL HWY 402 FT LAUDERDALE, FL 33308		
2. Principal Place of Business		3. Mailing Address 3271 SEAWARD DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State POMPANO BEACH FL		4. FEI Number 65-1126754	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		33062			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MONACO, JOHN C 4331 NO. FEDERAL HWY #309 FT LAUDERDALE, FL 33308			Name JOHN C. MONACO		
			Street Address (P.O. Box Number is Not Acceptable) 3271 SEAWARD DRIVE		
			City POMPANO BEACH FL		
			Zip Code 33062		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONACO, JOHN C 4331 NO. FEDERAL HWY #309 FT LAUDERDALE, FL 33308		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MONACO, JOHN C. 3271 SEAWARD DRIVE POMPANO BEACH FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 like empowered.					
SIGNATURE: <u><i>[Signature]</i></u>			4/6/04 954764-4940		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		