2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State
01-18-2005 90110 038 ***150.00

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DOCUMENT # P02000005692

1. Entity Name
BAYVIEW NEURO, INC,

Principal Place of Business	Mailing Address
325 BRADEN AVE. SARASOTA, FL 34243	P. O. BOX 1006 TALLEVAST, FL 34270

01112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
440 ISLE BAY DRIVE		440 ISLE BAY DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: APOLLO BEACH, FLORIDA		City & State: APOLLO BEACH, FLORIDA	
Zip: 33572	Country: USA	Zip: 33572	Country: USA

4. FEI Number: 02-0532114 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FLANNERY, WILLIAM
6238 BOBBY JONES COURT
PALMETTO, FL 34221

7. Name and Address of New Registered Agent

Name: FLANNERY, NEAL
Street Address (P.O. Box Number is Not Acceptable): 440 ISLE BAY DRIVE
City: APOLLO BEACH FL Zip Code: 33572

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: Neal R. Flannery, Neal R. Flannery DATE: 1/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P FLANNERY, WILLIAM 6238 BOBBY JONES CRT. PALMETTO, FL 34221	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S - T - D FLANNERY, NEAL 440 ISLE BAY DRIVE APOLLO BEACH, FL 33572	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Neal R. Flannery, Neal R. Flannery, Pres. 1/13/05.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 941-813-5203