## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 18, 2005 8:00 am **Secretary of State** DOCUMENT # P02000005692 01-18-2005 90110 038 \*\*\*150.00 BAYVIEW NEURO, INC, Principal Place of Business Mailing Address JUUUJAAD 325 BRADEN AVE. P. O. BOX 1006 SARASOTA, FL 34243 TALLEVAST, FL 34270 2. Principal Place of Business 3. Mailing Address 440 ISLE BAY DRIVE 440 ISLE BAY DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 01112005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 02-0532114 APOLLO BEACH, FLORIDA APOLLO BEACH, FLORIDA Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired П USA 33572 33572 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLANNERY, NEAL FLANNERY, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 6238 BOBBY JONES COURT PALMETTO, FL 34221 440 ISLE BAY DRIVE APOLLO BEACH 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. 1 R. Flannery Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P/S - T - D FLANNERY, NEAL 440 ISLE BAY DRIVE APOLLO BEACH, FL 33572 TITLE X Delete TITLE Change XXAddition NAME FLANNERY, WILLIAM NAME STREET ADDRESS 6238 BOBBY JONES CRT. STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Ociete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED