



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000047916 1. Entity Name NEUROLOGICAL CARE CLINIC, P.A.																																				
Principal Place of Business FLORIDA EXECUTIVE CENTER 1715 EAST HWY. 50, STE. B, BLDG. 3 CLERMONT, FL 34711	Mailing Address FLORIDA EXECUTIVE CENTER 1715 EAST HWY. 50, STE. B, BLDG. 3 CLERMONT, FL 34711																																			
<h2>DO NOT WRITE IN THIS SPACE</h2>																																				
6. Name and Address of Current Registered Agent JEAN-LOUIS, GOTTFRIED G FLORIDA EXECUTIVE CENTER 1715 EAST HWY. 50, STE. B, BLDG. 3 CLERMONT, FL 34711																																				
<h2>DO NOT WRITE IN THIS SPACE</h2>																																				
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)</small>																																				
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 </div> <div style="width: 30%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> <div style="width: 30%;"></div> </div>																																				
<div style="display: flex;"> <div style="width: 50%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="padding: 2px;">D</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">JEAN-LOUIS, GOTTFRIED G</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">10812 CRESCENT RIDGE LOOP</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">CLERMONT, FL 34711</td> </tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr> </table> </div> <div style="width: 50%; text-align: center; padding: 20px;"> <h2>DO NOT WRITE IN THIS SPACE</h2> </div> </div>			10. OFFICERS AND DIRECTORS		TITLE	D	NAME	JEAN-LOUIS, GOTTFRIED G	STREET ADDRESS	10812 CRESCENT RIDGE LOOP	CITY-ST-ZIP	CLERMONT, FL 34711	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
10. OFFICERS AND DIRECTORS																																				
TITLE	D																																			
NAME	JEAN-LOUIS, GOTTFRIED G																																			
STREET ADDRESS	10812 CRESCENT RIDGE LOOP																																			
CITY-ST-ZIP	CLERMONT, FL 34711																																			
TITLE																																				
NAME																																				
STREET ADDRESS																																				
CITY-ST-ZIP																																				
TITLE																																				
NAME																																				
STREET ADDRESS																																				
CITY-ST-ZIP																																				
TITLE																																				
NAME																																				
STREET ADDRESS																																				
CITY-ST-ZIP																																				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, without other like empowered.																																				
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  GOTTFRIED JEAN-LOUIS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%; text-align: center;"> 4/14/6 <small>Date</small> </div> <div style="width: 30%; text-align: center;"> (352) 243-8103 <small>Daytime Phone #</small> </div> </div>																																				



03172006 No Chg-P CR2E034 (11/05)

4. FEI Number 32-0013430	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000521637
05/02/06-80145-022 150.00