


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90103 011 ***150.00

DOCUMENT # P03000010034	
1. Entity Name NEUROMEDICAL SERVICES, IVAN A. LOPEZ, M.D., P.A.	

Principal Place of Business 373 SE COUNTRY CLUB ROAD LAKE CITY, FL 32025	Mailing Address 373 SE COUNTRY CLUB ROAD LAKE CITY, FL 32025
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NEW ADDRESS

2. Principal Place of Business 2839	3. Mailing Address 2839 SE COUNTRY CLUB RD LAKE CITY, FL 32025
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State LAKE CITY, FL 32025	City & State LAKE CITY, FL 32025
Zip 32025	Country USA



04072006 Chg-P CR2E034 (11/05)

4. FEI Number 54-2093474	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOPEZ, IVAN A MD 373 SE COUNTRY CLUB RD LAKE CITY, FL 32025 2839	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <i>[Signature]</i>	DATE 4/7/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LOPEZ, IVAN A MD 373 SE COUNTRY CLUB RD LAKE CITY, FL 32025 2839	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: <i>[Signature]</i>	DATE 4/7/06	DAYTIME PHONE (386) 752-4510
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #