

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90081 006 ***150.00

DOCUMENT # P03000024487
1. Entity Name USA NEURO, THERAPY & REHAB GROUP, INC.

Principal Place of Business 3955 N FEDERAL HWY POMPANO BEACH, FL 33064 US	Mailing Address 3955 N FEDERAL HWY POMPANO BEACH, FL 33064 US
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2. Principal Place of Business 6363 Taft Street Suite, Apt. #, etc. Suite # 101 City & State Hollywood, FL Zip 33024 Country Broward	3. Mailing Address 6363 Taft Street Suite, Apt. #, etc. Suite # 101 City & State Hollywood, FL Zip 33024 Country Broward
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01242005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent HIRSCHENSON, ALAN 6067 HOLLYWOOD BLVD SUITE 300 HOLLYWOOD, FL 33024	7. Name and Address of New Registered Agent Name Hirschenson, Alan Street Address (P.O. Box Number is Not Acceptable) 6363 Taft Street Suite, Apt. #, etc. Suite # 101 City Hollywood FL Zip Code 33024
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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 **Alan Hirschenson** 1-28-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restateing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DVP HIRSCHENSON, ALAN 1113 SW 156TH TERRACE PEMBROKE PINES, FL 33027 <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
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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 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 corporations.

SIGNATURE: **Alan Hirschenson** 1-28-05 (305) 710-0725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #