


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90043 028 ***150.00

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

Principal Place of Business 6363 TAFT STREET SUITE #101 HOLLYWOOD, FL 33024 US	Mailing Address 6363 TAFT STREET SUITE #101 HOLLYWOOD, FL 33024 US
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2. Principal Place of Business	3. Mailing Address 2021 N.E. 52nd Ct.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State Fort Lauderdale FL
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Zip	Country	Zip	Country
		33308	USA

6. Name and Address of Current Registered Agent

HIRSCHENSON, ALAN 6363 TAFT STREET SUITE #101 HOLLYWOOD, FL 33024
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01242006 Chg-P CR2E034 (11/05)

4. FEI Number
05-0556199

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

Applied For	Not Applicable
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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:  ALAN HIRSCHENSON 1-24-2006
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	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRSCHENSON, ALAN	NAME	
STREET ADDRESS	1113 SW 156TH TERRACE	STREET ADDRESS	
CITY ST ZIP	PEMBROKE PINES, FL 33027	CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  ALAN HIRSCHENSON 1-24-2006 954-981-6077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #