

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

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
2021 NE 52ND CT
FORT LAUDERDALE FL 33308
US

2. Principal Place of Business - No P.O. Box #
36349 South Grays Airport Rd.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Ennland Park, FL

City & State

Zip **34731** Country **USA**

Zip

Country

4. FEI Number **05-0556199**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HIRSCHENSON, ALAN
6363 TAFT STREET
SUITE #101
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

3/14/07

DATE

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

(NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVP**
NAME **HIRSCHENSON, ALAN**
STREET ADDRESS **1113 SW 156TH TERRACE**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVP**
NAME **HIRSCHENSON, ALAN**
STREET ADDRESS **233 S. FEDERAL HIGHWAY APT # 512**
CITY-ST-ZIP **BOCA RATON, FL 33432**

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 Section 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/07 (305)710 0725

Date

Daytime Phone #