2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094602

Entity Name: TOTAL NEUROLOGICAL DIAGNOSTIC CARE, P.A.

FILED Jul 21, 2004 Secretary of State

933 CLINT MOORE RD. BOCA RATON, FL 33487

Current Mailing Address: New Mailing Address:

933 CLINT MOORE RD. PO BOX 811000

BOCA RATON, FL 33487 BOCA RATON, FL 33481

FEI Number: 20-0211783 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHERVIN, PAUL HINDEN, RICHARD A
933 CLINT MOORE RD.
933 CLINT MOORE RD.
BOCA RATON, FL 33487
BOCA RATON, FL 33487

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.

SIGNATURE: RICHARD A. HINDEN 07/21/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: () Change () Addition

 Name:
 THAKER, HARISH D M.D.
 Name:

 Address:
 1905 N. RIVERSIDE DR.
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33062
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARISH D THAKER PRES 07/21/2004