2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094602

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

FILED Jan 06, 2005 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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933 CLINT MOORE RD. 1905 N RIVERSIDE DRIVE BOCA RATON, FL 33487 POMPANO BEACH, FL 33062

Current Mailing Address: New Mailing Address:

PO BOX 811000 PO BOX 811000

BOCA RATON, FL 33481 BOCA RATON, FL 334811000

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:

HINDEN, RICHARD A CORPORATION SERVICE COMPANY 933 CLINT MOORE RD. 1201 HAYS ST BOCA RATON, FL 33487 US TALLAHASSEE, FL 32301 US

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: TERRY FERRENTINO 01/06/2005

Electronic Signature of Registered Agent Date

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, MD PSD 01/06/2005