


*** 2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000124382	
1. Entity Name AVENTURA NEUROLOGY CONSULTANTS, INC.	

Principal Place of Business 21000 NE 28TH AVE SUITE 205 AVENTURA, FL 33180	Mailing Address 21000 NE 28TH AVE SUITE 205 AVENTURA, FL 33180
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DO NOT WRITE IN THIS SPACE



02102006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0394181	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BRYN, USHER ESQ
2999 NE 191 STREET SUITE 240
AVENTURA, FL 33180**

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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 _____ (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	000000445692 03/07/06-80058-022 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, LEONARD V 21000 NE 28TH AVE SUITE 205 AVENTURA, FL 33180
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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:  **2-20-06 954 96675**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #