


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90693 029 ***150.00

DOCUMENT # P03000125184

1. Entity Name
SEA BLUE NEUROLOGY CENTER, P.A.



Principal Place of Business
**7201 NORTH UNIVERSITY DRIVE
 TAMARAC, FL 33321**

Mailing Address
**7201 NORTH UNIVERSITY DRIVE
 TAMARAC, FL 33321**



2. Principal Place of Business
7421 North Univ. Drive
 Suite, Apt. #, etc.
Suite 314
 City & State
TAMARAC, FL
 Zip
33321

3. Mailing Address
P.O. Box 25926
 Suite, Apt. #, etc.
 City & State
TAMARAC, FL
 Zip
33321

04292004 Chg-P CR2E034 (10/03)

4. FEI Number
20-0370786 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
DAMAS, MARGARETTE M.D.
7201 NORTH UNIVERSITY DRIVE
TAMARAC, FL 33321

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
7421 North University Drive
Suite 314
 City **TAMARAC** FL Zip Code **33321**

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 *M. Doll* DATE **4/27/04**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete DAMAS, MARGARETTE M.D. 7201 NORTH UNIVERSITY DRIVE TAMARAC, FL 33321	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	7421 North University Drive TAMARAC, FL 33321 Suite 314
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE 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 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 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: *M. Doll* **MARGARETTE DAMAS** DATE: **4/27/04** (954) 726-7444

Signature and typed or printed name of signing officer or director Date Daytime Phone #