


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000049576

1. Entity Name
COMPREHENSIVE NEUROLOGY CLINIC P.A



Principal Place of Business Mailing Address

250 NORTH ALFAYA TRAIL, STE. 115 250 NORTH ALFAYA TRAIL, STE. 115
 ORLANDO, FL 32828 ORLANDO, FL 32828

DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 84-1652443	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EL-SAID, REFAAT
 250 NORTH ALFAYA TRAIL, STE. 115
 ORLANDO, FL 32828

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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE OD	EL-SAID, REFAAT
NAME	
STREET ADDRESS	250 NORTH ALFAYA TRAIL, STE. 115
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE V	DAHAN, DINA
NAME	
STREET ADDRESS	250 NORTH ALFAYA TRL, STE 115
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ **01/06/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #