

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000076308

**FILED
Apr 28, 2005
Secretary of State**

Entity Name: KENDALL NEUROLOGICAL SERVICES, INC.

Current Principal Place of Business:

15720 SW 258TH STREET
HOMESTEAD, FL 330312036 US

New Principal Place of Business:

Current Mailing Address:

15720 SW 258TH STREET
HOMESTEAD, FL 330312036 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

STIEGLITZ, NICK W JR.
169 E. FLAGLER ST.
#1512
MIAMI, FL 33131 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: NICK W. STIEGLITZ, JR. 04/28/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GARCIA-RIVERA, RICARDO
Address: 15720 SW 258TH STREET
City-St-Zip: HOMESTEAD, FL 330312036 US

Title: D () Delete
Name: GARCIA-RIVERA, LILIAN
Address: 15720 SW 258TH STREET
City-St-Zip: HOMESTEAD, FL 330312036 US

Title: D () Delete
Name: CINTRON, JUSTIN
Address: 24 LANTERN WAY
City-St-Zip: PORTSMOUTH, VA 237032255 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: RICARDO GARCIA-RIVERA D 04/28/2005
Electronic Signature of Signing Officer or Director Date