## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000076308

CINTRON, JUSTIN

24 LANTERN WAY

PORTSMOUTH, VA 237032255 US

Name:

Address: City-St-Zip:

Entity Name: KENDALL NEUROLOGICAL SERVICES, INC.

**FILED** May 31, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 15720 SW 258TH STREET 11760 BIRD RD HOMESTEAD, FL 330312036 US 306 MIAMI, FL 33175 US **Current Mailing Address: New Mailing Address:** 15720 SW 258TH STREET 11760 BIRD RD HOMESTEAD, FL 330312036 US 306 MIAMI, FL 33175 US FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STIEGLITZ, NICK W JR. GARCIA-RIVERA, LUIS JR. 169 E. FLAGLER ST. 2706 ALT. U.S. 19 N. #1512 MIAMI, FL 33131 US PALM HARBOR, FL 34683 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: LUIS GARCIA-RIVERA 05/31/2006 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition GARCIA-RIVERA, RICARDO Name: Name: 15720 SW 258TH STREET Address: Address: City-St-Zip: HOMESTEAD, FL 330312036 US City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: GARCIA-RIVERA, LILIAN Name: 15720 SW 258TH STREET Address: Address: HOMESTEAD, FL 330312036 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: RICARDO GARCIA-RIVERA 05/31/2006 D