

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Apr 26, 2007  
Secretary of State**

DOCUMENT# P04000076308

Entity Name: KENDALL NEUROLOGICAL SERVICES, INC.

**Current Principal Place of Business:**

11760 BIRD RD  
306  
MIAMI, FL 33175 US

**New Principal Place of Business:**

**Current Mailing Address:**

11760 BIRD RD  
306  
MIAMI, FL 33175 US

**New Mailing Address:**

FEI Number: 80-0107049      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARCIA-RIVERA, LUIS JR.  
2706 ALT. U.S. 19 N.  
223  
PALM HARBOR, FL 34683 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**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: CINTRON, JUSTIN  
Address: 24 LANTERN WAY  
City-St-Zip: PORTSMOUTH, VA 237032255 US

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: PRES      ( ) Change (X) Addition  
Name: GARCIA-RIVERA, RICARDO MD  
Address: 15720 SW 258TH STREET  
City-St-Zip: HOMESTEAD, FL 330312036 US

Title: SEC      ( ) Change (X) Addition  
Name: CINTRON, JUSTIN H  
Address: 24 LANTERN WAY  
City-St-Zip: PORTSMOUTH, VA 23703

Title: TRES      ( ) Change (X) Addition  
Name: CINTRON, JUSTIN H  
Address: 24 LANTERN WAY  
City-St-Zip: PORTSMOUTH, VA 237032255 US

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.

SIGNATURE: JUSTIN CINTRON

SEC

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date