

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000092950

FILED
Jul 26, 2006
Secretary of State

Entity Name: NEUROMUSCULAR CENTER FOR WOMEN & CHILDREN, INC.

Current Principal Place of Business:

9951 ATLANTIC BLVD
STE 410
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

9951 ATLANTIC BLVD
STE 410
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 20-1255091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKEL, EDWARD C
1 INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE, FL 32202 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: JONES, KIMBERLY W
Address: 6821 HEIDI ROAD
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: KIMBERLY W JONES

PRES

07/26/2006

Electronic Signature of Signing Officer or Director

Date