
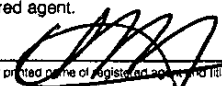
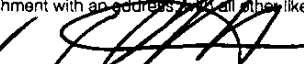


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000121660 1. Entity Name NEUROLOGY CONSULTANTS OF SOUTH FLORIDA, INC.					
Principal Place of Business 4160 W. 16TH AVE., #506 HIALEAH, FL 33012			Mailing Address 3501 SW 182ND WAY MIAMI, FL 33129		
2. Principal Place of Business 4160 W. 16th Ave. Suite, Apt. #, etc. # 100		3. Mailing Address 6901 S.W. 182 Way Suite, Apt. #, etc.			
City & State Hialeah, FL		City & State Southwest Ranches, FL		4. FEI Number 20-1528804	
Zip 33012		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33331		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZOMERFELD, RAYMOND J 999 PONCE DE LEON BLVD., #1045 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; margin-right: 20px;"> FL Zip Code </div>	
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: 10-4-05	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BUSTAMANTE, MARTHA 4160 W. 16TH AVE., #506 HIALEAH, FL 33012	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4160 W. 16th Ave., #100 Hialeah, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700060490207 10/11/05--01045--010 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify 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 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 to all other like empowered.					
SIGNATURE: 				DATE: 10-4-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE: 786-639-1968	

05 OCT 11 AM 9:46
STATE OF FLORIDA



REINSTATEMENT 05