

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000121660

FILED
Apr 05, 2006
Secretary of State

Entity Name: NEUROLOGY CONSULTANTS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

4160 W. 16TH AVE., #100
HIALEAH, FL 33012

New Principal Place of Business:

4160 W. 16TH AVE.,
#100
HIALEAH, FL 33012

Current Mailing Address:

6901 S.W. 182ND WAY
SOUTHWEST RANCHES, FL 33331

New Mailing Address:

FEI Number: 20-1527704 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ZOMERFELD, RAYMOND J
999 PONCE DE LEON BLVD., #1045
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ZOMERFELD, RAYMOND J
999 PONCE DE LEON BLVD.,
#1045
CORAL GABLES, FL 33134 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: _____ 04/05/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: BUSTAMANTE, MARTHA
Address: 4160 W. 16TH AVE., #100
City-St-Zip: HIALEAH, FL 33012

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: ISMARY LIMA MS. 04/05/2006
Electronic Signature of Signing Officer or Director Date