

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000121661

FILED
Mar 21, 2007
Secretary of State

Entity Name: CENTER FOR NEUROLOGICAL STUDY INC

Current Principal Place of Business:

8525 SW 92 STREET SUITE D-16
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

8525 SW 92 STREET SUITE D-16
MIAMI, FL 33156

New Mailing Address:

FEI Number: 20-3429822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOGUES, ANDRES
11800 SW 87TH AVE
MIAMI, FL 33176 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: PS () Delete
Name: NOGUES, ANDRES
Address: 11800 SW 87TH AVE
City-St-Zip: MIAMI, FL 33176

Title: V () Delete
Name: NOGUES, LISETTE
Address: 11800 SW 87TH AVE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LISETTE NOGUES, M.D.

V

03/21/2007

Electronic Signature of Signing Officer or Director

Date