## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000130401

City-St-Zip: LIGHTHOUSE POINT, FL 33064

Entity Name: NORTH BROWARD NEUROLOGY, P.A.

FILED Apr 11, 2006 Secretary of State

Current I	Principal Place	of Business:	New Principal Place	New Principal Place of Business:	
2436 N F	EDERAL HWY S DUSE POINT, FL	STE 145	, in the second		
Current Mailing Address:			New Mailing Address	<b>::</b>	
	EDERAL HWY S DUSE POINT, FL				
FEI Numbe	er: 32-0160845	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name an	d Address of C	urrent Registered Agent	Name and Address o	f New Registered Agent:	
2436 N F	BRAD M.D. EDERAL HWY S OUSE POINT, FL				
	e named entity s te of Florida.	submits this statement for th	ne purpose of changing its registered	d office or registered agent, or both,	
SIGNATL	JRE:				
	Electron	ic Signature of Registered	Agent	Date	
Election Ca	ampaign Financing	Trust Fund Contribution ( ).			
OFFICER	RS AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	DAJANI, BRAD	Delete M.D.	Title: Name: Address:	( ) Change ( ) Addition	

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: BRAD DAJANI D 04/11/2006