

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000130401

1. Entity Name
NORTH BROWARD NEUROLOGY, P.A.



Principal Place of Business
**2436 N FEDERAL HWY STE 145
LIGHTHOUSE POINT, FL 33064**

Mailing Address
**2436 N FEDERAL HWY STE 145
LIGHTHOUSE POINT, FL 33064**

DO NOT WRITE IN THIS SPACE



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number
32-0160845

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAJANI, BRAD M.D.
2436 N FEDERAL HWY STE 145
LIGHTHOUSE POINT, FL 33064**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000605627
01/30/07-80042-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **DAJANI, BRAD M.D.**
STREET ADDRESS **2436 N FEDERAL HWY STE 145**
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath. That the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, has not been changed, or on an attachment with an address, with all other like empowered.

SIGNATURE