

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000090452

Entity Name: DX NEUROLOGICAL, INC.

FILED  
Feb 08, 2007  
Secretary of State

## Current Principal Place of Business:

6905 W. RIVERBEND ROAD  
DUNNELLON, FL 34433 US

## New Principal Place of Business:

1104 TRYON CIRCLE  
SPRING HILL, FL 34606 US

## Current Mailing Address:

6905 W. RIVERBEND ROAD  
DUNNELLON, FL 34433 US

## New Mailing Address:

1104 TRYON CIRCLE  
SPRING HILL, FL 34606 US

FEI Number: 20-5155606

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALKER, GARY  
202 SOUTH ROME AVENUE  
SUITE 100  
TAMPA, FL 33606 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition  
Name: BRECHER, ADAM E PRESDEN  
Address: 1104 TRYON CIRCLE  
City-St-Zip: SPRING HILL, FL 34606 US

Title: SEC ( ) Change (X) Addition  
Name: BRECHER, ADAM E SECRATA  
Address: 1104 TRYON CIRCLE  
City-St-Zip: SPRING HILL, FL 34606 US

Title: CFO ( ) Change (X) Addition  
Name: BRECHER, ADAM E CFO  
Address: 1104 TRYON CIRCLE  
City-St-Zip: SPRING HILL, FL 34606 US

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: ADAM BRECHER

PRES

02/08/2007

Electronic Signature of Signing Officer or Director

Date