2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2008
Secretary of State

DOCUMENT# P07000066316

Entity Name: NEUROLOGY-NEUROSURGERY OF DADE AND BROWARD, INC.

Current Principal Place of Business:

7150 N.W. 20TH AVENUE
SUITE 408
HIALEAH, FL

New Principal Place of Business:

6760 NW 175 LANE
SUITE 10H
MIAMI LAKES, FL 33015

Current Mailing Address:

7150 N.W. 20TH AVENUE
SUITE 408
HIALEAH, FL

New Mailing Address:

6760 NW 175 LANE
SUITE 10H
MIAMI LAKES, FL 33015

FEI Number: 65-1308747 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VERGARA, AIDA I
7150 N.W. 20TH AVENUE
SUITE 408
HIALEAH, FL US

Name and Address of New Registered Agent:

CORTES, JULIETTE S PSTD
6760 NW 175 LANE
SUITE 10H
MIAMI LAKES, FL 33015 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: JULIETTE S. CORTES 08/05/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: CORTES-GONZALEZ, JULIETTE S
Address: 7150 N.W. 20TH AVENUE, SUITE 408
City-St-Zip: HIALEAH, FL

Title: D (X) Delete
Name: GONZALEZ, ULIETTE A SHARHOL
Address: 7150 N.W. 20TH AVENUE, SUITE 408
City-St-Zip: HIALEAH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: CORTES, JULIETTE S
Address: 6760 NW 175 AVENUE, SUITE 10H
City-St-Zip: MIAMI LAKES, FL 33015

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

I hereby certify that the information supplied with this filing does not qualify 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: JULIETTE S. CORTES PSTD 08/05/2008
Electronic Signature of Signing Officer or Director Date