

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000131472

**Entity Name:** NEUROLOGICAL GROUP, INC

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7700 CONGRESS AVE  
SUITE 1115  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

7700 CONGRESS AVE  
SUITE 1115  
BOCA RATON, FL 33487 US

**New Mailing Address:**

**FEI Number:** 26-1563253

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HENNICK, LOREN  
7700 CONGRESS AVE  
SUITE 1115  
BOCA RATON, FL 33487 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

**OFFICERS AND DIRECTORS:**

Title: P,VP  
Name: HENNICK, LOREN  
Address: 7700 CONGRESS AVE, SUITE 1115  
City-St-Zip: BOCA RATON, FL 33487 US

I hereby 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 all other like empowered.

SIGNATURE: LOREN HENNICK

P

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date