2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2004
Secretary of State

DOCUMENT# P93000024196

Entity Name: NEUROCARE INSTITUTE OF CENTRAL FLORIDA, P.A.

Current Principal Place of Business:

1890 SEMORAN BLVD.
SUITE 255
WINTER PARK, FL 32792

New Principal Place of Business:

1890 STATE ROAD 436
SUITE 255
WINTER PARK, FL 32792

Current Mailing Address:

1890 SEMORAN BLVD.
SUITE 255
WINTER PARK, FL 32792

New Mailing Address:

1890 STATE ROAD 436
SUITE 255
WINTER PARK, FL 32792

FEI Number: 59-3160624 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PINELESS, HAL S
1890 SEMORAN BLVD.
SUITE 255
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

PINELESS, HAL S
1890 STATE ROAD 436
SUITE 255
WINTER PARK, FL 32792 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: _____ 03/21/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PINELESS, HAL S D.O.
Address: 1890 SEMORAN BLVD.
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: PINELESS, HAL S D.O.
Address: 1890 STATE ROAD 436, SUITE 255
City-St-Zip: WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HAL S. PINELESS, DO DR. 03/21/2004
Electronic Signature of Signing Officer or Director — Date