


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90023 011 ***150.00

DOCUMENT # P93000068395	
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1. Entity Name NEUROBEHAVIORAL INSTITUTE OF MIAMI, INC.	Principal Place of Business 1378 CORAL WAY SUITE 500 MIAMI, FL 33143	Mailing Address P.O. BOX 142064 CORAL GABLES, FL 33114-2064
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DO NOT WRITE IN THIS SPACE

4001777



01152006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0585789	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HERRERA, JORGE A
1378 CORAL WAY #500
MIAMI, FL 33143

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HERRERA, JORGE A
STREET ADDRESS	1378 CORAL WAY, SUITE 500
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	VP
NAME	August, Nora
STREET ADDRESS	2801 Ponce de Leon #780
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	S
NAME	Vilches, Adriana D.
STREET ADDRESS	2801 Ponce de Leon, #780
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **01/26/06 (305) 495-9554**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #