2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2007
Secretary of State

DOCUMENT# P93000068395

Entity Name: NEUROBEHAVIORAL INSTITUTE OF MIAMI, INC.

Current Principal Place of Business:

1378 CORAL WAY
SUITE 500
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 142064
CORAL GABLES, FL 331142064

New Mailing Address:

FEI Number: 65-0585789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERRERA, JORGE A
1378 CORAL WAY #500
MIAMI, FL 33143 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: D ( ) Delete
Name: HERRERA, JORGE A
Address: 1378 CORAL WAY, SUITE 500
City-St-Zip: MIAMI, FL 33145

Title: VP ( ) Delete
Name: RUGUS, NORA
Address: 2801 PONCE DE LEON 780
City-St-Zip: MIAMI, FL 33134

Title: S ( ) Delete
Name: VILCHER, ADRIANA D
Address: 2801 PONCE DE LEON 780
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: DIEGUEZ, NORA
Address: 2801 PONCE DE LEON 780
City-St-Zip: MIAMI, FL 33134

Title: S (X) Change ( ) Addition
Name: VILCHES, ADRIANA D
Address: 2801 PONCE DE LEON 780
City-St-Zip: MIAMI, FL 33134

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: NORA DIEGUEZ VP 04/07/2007

Electronic Signature of Signing Officer or Director — Date