


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000070730 1. Entity Name NEUROLOGY CONSULTANTS OF CENTRAL FLORIDA, INC.	
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Principal Place of Business 820 WEST OAK STREET KISSIMMEE, FL 34741	Mailing Address 820 WEST OAK STREET KISSIMMEE, FL 34741
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DO NOT WRITE IN THIS SPACE



02162008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3191744	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HARDING, ROBERT L 201 E. PINE STREET SUITE 700 ORLANDO, FL 32801
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	D MAMSA, ABDUL M.D. 820 WEST OAK STREET KISSIMMEE, FL 34741
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03/06/06-80019-001 150.00

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:  **02/18/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #