


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90029 018 ***150.00

DOCUMENT # P93000078427	
1. Entity Name NEUROCARE ASSOCIATES, INC.	

Principal Place of Business 4900 W OAKLAND PARK BLVD SUITE 105 FT LAUDERDALE, FL 33313	Mailing Address 4900 W OAKLAND PARK BLVD SUITE 105 FT LAUDERDALE, FL 33313 US
--	---

50059009



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 6574 NORTH STATE ROAD 7 PMB 106 COCONUT CREEK, FL 33073 City & State Zip	
Country		Country	

07142005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0461509	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 CHAMELY, ABRAHAM MD 4900 W OAKLAND PARK BLVD SUITE 105 FT LAUDERDALE, FL 33313		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
--	--	---	--

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 reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHAMELY, ABRAHAM MD 4900 W OAKLAND PARK BLVD, STE. 105 FORT LAUDERDALE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LESSER, MARTIN A 2420 CASTILLA ISLE FT LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **7/18/05**

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