

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000078427

1. Entity Name
NEUROCARE ASSOCIATES, INC.



Principal Place of Business
**6574 N STATE RD 7
PMB 106
COCONUT CREEK, FL 33073**

Mailing Address
**6574 NORTH STATE ROAD 7
PMB 106
COCONUT CREEK, FL 33073 US**



03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
6574 N STATE RD 7
PMB 106
COCONUT CREEK, FL 33073**

**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CHAMELY, ABRAHAM MD 4070 NW 83RD LN CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LESSER, MARTIN A 2420 CASTILLA ISLE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/27/07-80021-008 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #