

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000078427

Entity Name: NEUROCARE ASSOCIATES, INC.

FILED  
Jan 22, 2009  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

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

FEI Number: 65-0461509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHAMELY, ABRAHAM MD  
6574 N STATE RD 7  
PMB 106  
COCONUT CREEK, FL 33073 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: SD ( ) Delete  
Name: CHAMELY, ABRAHAM MD  
Address: 4070 NW 83RD LN  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: PD ( ) Delete  
Name: LESSER, MARTIN A  
Address: 2420 CASTILLA ISLE  
City-St-Zip: FT LAUDERDALE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ABRAHAM CHAMELY M.D.

SD

01/22/2009

Electronic Signature of Signing Officer or Director

Date