

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000046854					
1. Entity Name MIAMI NEUROLOGICAL ASSOCIATES, INC.					
Principal Place of Business 201 BISCAYNE BLVD SUITE 2000 MIAMI, FL 33131			Mailing Address 201 BISCAYNE BLVD SUITE 2000 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01272004 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0522172				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			7. Name and Address of New Registered Agent		
SPRATT, WILLIAM J JR 201 S. BISCAYNE BLVD #2000 MIAMI, FL 33131			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 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD ORTIZ-CRUZ, DESIREE MD PO BOX 431287 S MIAMI, FL 33143		TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000121423 04/20/04-80051-011 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD LUIS, REINA MD PO BOX 431287 S MIAMI, FL 33143		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 # _____					