


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 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		Country		Country	
6. Name and Address of Current Registered Agent SPRATT, WILLIAM J JR 201 S. BISCAYNE BLVD #2000 MIAMI, FL 33131				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1100000346004 04/30/05-80055-023 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LUIS, REINA MD PO BOX 431287 S MIAMI, FL 33143	<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	VSD LUIS, REINA MD PO BOX 431287 S MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					