


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90066 001 ***600.00

DOCUMENT # P94000072117 1. Entity Name NEUROLOGICAL MICROSURGICAL ASSOCIATES, P.A.	
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Principal Place of Business 875 MEADOWS ROAD SUITE 312 BOCA RATON, FL 33486	Mailing Address 875 MEADOWS ROAD SUITE 312 BOCA RATON, FL 33486
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66021713



07052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0521089	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 MARTIN, DOUGLAS F 875 MEADOWS ROAD SUITE 312 BOCA RATON, FL 33486	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, DOUGLAS F 875 MEADOWS ROAD BOCA RATON, FL 33486
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**DO NOT WRITE
IN THIS SPACE**

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

7/8/06
Date

561-568-5488
Daytime Phone #