2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND WEEL OF BEAUTIED WERE OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P94000092059 1. Entity Name NEUROLOGY GROUP - ROBERT - ROSENBERG, M.D., P.A.								Feb 02, 200 Secretar	4 08: y of S	00 AN State	M	
Principal Place of Business				Mailing Address								
9430 TURKEY LAKE RD.				9430 TURKEY LAKE RD.								
#218 ORLANDO FL 32819			#218 ORLANDO FL 32819				***************************************					
2. Principal Place of Business				3. Mailing Address								
Suite, Apt	# etc.		Suite, Apt #, etc.				-				ezzawaci il immé	
oute, institution			Sund, Apr. 11 Cic.					MOORE	CR2E034	(11/03)		
City & State			City & State			-	4.	FEI Number 59-3283942		} }	oplied For	
Zip Country			Zip Coun			vtrv.c	5. Certificate of Status Desired S. \$8.75 Additional					
2.10	Zip County		219		000	a y	5.	Certificate of Status Desired		みひ./つ Add Fee Require	ditional d	
	6. Name	and Address of Current	Register	ered Agent			7. 1	Name and Address of New Re	egistered /	lgent		
PODERT MOTOR P						Name						
ROBERT, VICTOR B 9430 TURKEY LAKE RD.					Street Address (P.O. Box Number is Not Acceptable)							
#218											•	
ORLANDO FL 32819												
						City	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.		or printed name of registered agent :	and title if any	okcable DICT	F Purceton	d Agent agnature required	d ushon s	object to the set	DATE			
			and the st t(d)	1	. 109.000	a vilent sillustrus referen		to recent An	DAIL			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Fin Trust Fund Contribution	~		0 May Be i to Fees	
10.	r	OFFICERS AND	DIRECTO	RS	11.		ΑĐ	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	SIN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBERG, STEPHEN J 9430 TURKEY LAKE RD., #218 ORLANDO FL 32819					1	U00000028993 Change Addition 02/04/04-80048-021 150.00					
TITLE	D			☐ Delete	Ital					Change	Addition	
NAME	ROBERT, VICTOR B			18AA		-					_	
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NAME				TT Desert	NAM	}				☐ Change	Addition Addition	
STREET ADDRESS					4	ET ADDRESS						
CITY-ST-ZIP		,, ·		.		- ST- ZIP						
 I hereby condicated of the corchanged, 	certify that the on this repor poration or the or on an atta	e information supplied with t or supplemental report is he receiver or trustee empo achment with an address, v	this filing true and twered to with all of	does not qualify for accurate and that nexecute this report her like empowered.	r the exe ny signa as requi	mption stated in Se ture shall have the red by Chapter 607	ection same 7. Flori	119.07(3)(i), Fiorida Statutes, I legal effect as if made under o da Statutes; and that my name	further cert ath, that I a appears in	ify that the lim an officer Block 10 o	oformation or director Block 11 if	

FILED

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