
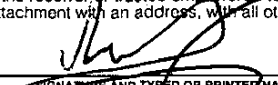


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90009 006 ***150.00

DOCUMENT # P94000092059 1. Entity Name NEUROLOGY GROUP - ROBERT - ROSENBERG, M.D., P.A.			
Principal Place of Business 9430 TURKEY LAKE RD. #218 ORLANDO, FL 32819		Mailing Address 9430 TURKEY LAKE RD. #218 ORLANDO, FL 32819	
2. Principal Place of Business 6001 Vineland Rd. Suite, Apt. #, etc. Suite 116 City & State Orlando, FL Zip 32819 Country United States		3. Mailing Address 6001 Vineland Rd. Suite, Apt. #, etc. Suite 116 City & State Orlando, FL Zip 32819 Country United States	
4. FEI Number 59-3283942		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERT, VICTOR B 9430 TURKEY LAKE RD. #218 ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name Robert, Victor B. Street Address (P.O. Box Number is Not Acceptable) 6001 Vineland Rd, Suite 116 City Orlando FL Zip Code 32819	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 D NAME ROSENBERG, STEPHEN J STREET ADDRESS 9430 TURKEY LAKE RD., #218 CITY-ST-ZIP ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE NAME Rosenberg, Stephen J. STREET ADDRESS 6001 Vineland Rd., Suite 116 CITY-ST-ZIP Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ROBERT, VICTOR B STREET ADDRESS 9430 TURKEY LAKE RD., #218 CITY-ST-ZIP ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE NAME Robert, Victor B. STREET ADDRESS 6001 Vineland Rd, Suite 116 CITY-ST-ZIP Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Victor B. Robert 3-24-05 407-352-1112	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	