


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

| | |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P94000092059 1. Entity Name NEUROLOGY GROUP - ROBERT - ROSENBERG, M.D., P.A. |  |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

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|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Principal Place of Business 6001 VINELAND RD SUITE 116 ORLANDO, FL 32819 | Mailing Address 6001 VINELAND RD SUITE 116 ORLANDO, FL 32819 |
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04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

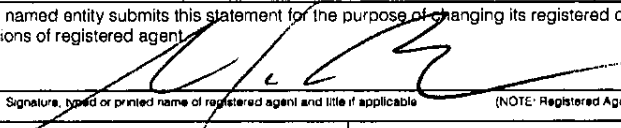
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|------------------------------------|--------------------------------------------------------|
| 4. FEI Number 59-3283942 | Applied For <input type="checkbox"/> Not Applicable |
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|-----------------------------------------------------------|------------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|------------------------------------------|

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|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent | |
| ROBERT, VICTOR B 6001 VINELAND RD SUITE 116 ORLANDO, FL 32819 | STEPHEN J. ROSENBERG, M.D. 6001 Vineland Road Suite 116 Orlando, FL 32819 |

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IN THIS SPACE**

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: **4-27-07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| | |
|------------------------------------------------|-------------------------------------------------------------------------------|
| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROSENBERG, STEPHEN J 6001 VINELAND RD, SUITE 116 ORLANDO, FL 32819 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBERT, VICTOR B 6001 VINELAND RD, SUITE 116 ORLANDO, FL 32819 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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05/15/07-80048-014 150.00

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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:  Date: **4-27-07** Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR