

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000035235
 1. Corporation Name
The Neurology Group, Inc.

Principal Place of Business NGI 3314 Henderson Blvd Suite 209 Tampa, FL 33609	Mailing Address NGI 118 S. Westshore Blvd Suite 140 Tampa, FL 33609
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2. Principal Place of Business 3314 Henderson Blvd. Suite Apt #, etc. Suite# 209 City & State Tamap, Florida Zip 33609	2a. Mailing Address 118 S. Westshore Blvd. Suite, Apt #, etc. Suite# 140 City & State Tampa, Florida Zip 33609
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3. Date Incorporated or Qualified 05/05/1995	3a. Date of Last Report 06/25/1996
4. FEI Number 59-3313000	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Angela Oehler
4907 Drryad St.
Tampa, Florida 33629

10. Name and Address of New Registered Agent
 81 Name **Craig E. Rothburd, Esquire**
 82 Street Address (P.O. Box Number is Not Acceptable)
808 W. De Leon St.
 83
 84 City **Tampa** **FL** 85 Zip Code **33606**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  DATE **4/23/97**
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
11.1 TITLE PSTD 11.2 NAME Robert Ji Di Carlo 11.3 STREET ADDRESS 3314 Henderson Blvd., #209 11.4 CITY-ST-ZIP Tampa, FL 33609	<input type="checkbox"/> DELETE
12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP 	<input type="checkbox"/> DELETE
13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP 	<input type="checkbox"/> DELETE
14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY-ST-ZIP 	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PSTD 1.2 NAME Robert J. Di Carlo 1.3 STREET ADDRESS 3314 Henderson Blvd., #209 1.4 CITY-ST-ZIP Tampa, FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 included on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE **4/23/97** (813) 879-6086
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)