

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000043435

Entity Name: NEURO CARE PLUS, INC.

FILED
Mar 10, 2005
Secretary of State

Current Principal Place of Business:

12000 BISCAYNE BLVD.
STE. 810
MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

12000 BISCAYNE BLVD., STE. 810
MIAMI, FL 33181

New Mailing Address:

FEI Number: 65-0584687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALBUT, HOWARD N
999 WASHINGTON AVE.
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: GALBUT, LIBBY
Address: 12000 BISCAYNE BLVD #703
City-St-Zip: MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: GALBUT, LIBBY
Address: 12000 BISCAYNE BLVD #810
City-St-Zip: MIAMI, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIBBY GALBUT

DPT

03/10/2005

Electronic Signature of Signing Officer or Director

Date