

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90010 008 ***150.00

DOCUMENT # P95000045248

1. Entity Name

DOCTORS NEUROMUSCULAR REHABILITATION, INC.



Principal Place of Business

10071 NW 7 AVE
MIAMI FL 33150

Mailing Address

10071 NW 7 AVE
MIAMI FL 33150

54019395



MOORE CR2E034 (11/03)

2. Principal Place of Business

10071 NW 7 AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami FLA

City & State

Zip Country

Zip

33150

Country

USA

Zip

Country

4. FEI Number

65-0570955

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRASS, H. CRAIG
10071 NW 7 AVE
MIAMI FL 33150

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-16-04

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 Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME PD
BRASS, H. CRAIG
STREET ADDRESS 10071 NW 7 AVE
CITY-ST-ZIP MIAMI FL 33150

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-04

Date

305-758 1888

Daytime Phone #