

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



03212008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0570955	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

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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 reappointing)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1800000479537 04/10/06-80009-011 1501.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRASS, H. CRAIG 10071 NW 7 AVE MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SINGER, TODD J 10071 NW 7 AVE MIAMI, FL 33150
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____