

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000093042

1. Entity Name
NEUROLOGIC CARE CENTER, P.A.



Principal Place of Business

6101 WEBB ROAD
STE 210
TAMPA, FL 33615 US

Mailing Address

6101 WEBB ROAD
STE 210
TAMPA, FL 33615 US

DO NOT WRITE IN THIS SPACE



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3350770

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, DENISE K.M.D.
6101 WEBB RD #210
TAMPA, FL 33615

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	GRIFFIN, DENISE K. M
STREET ADDRESS	6101 WEBB RD 210
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	VT
NAME	SHRIVER, MARY ELLEN D
STREET ADDRESS	6101 WEBB RD 210
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/06-80065-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/06

Date

813 249 0922

Daytime Phone #