2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006
Secretary of State

DOCUMENT# P96000051907

Entity Name: NEUROLOGY ASSOCIATES OF ORMOND BEACH, P.A.

Current Principal Place of Business:

8 MIRROR LAKE DRIVE
STE A
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

8 MIRROR LAKE DRIVE
STE A
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3386194 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHURCHMAN, RICHARD
1255 MASON AVE
DAYTONA BEACH, FL 32117 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: S ( ) Delete
Name: CUNHA, OLIMPIO F
Address: 8 MIRROR LAKE DRIVE STE A
City-St-Zip: ORMOND BEACH, FL 32174

Title: P ( ) Delete
Name: MCDONALD, DAVID
Address: 8 MIRROR LAKE DRIVE STE A
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP ( ) Delete
Name: WIERZBICK, TIMOTHY
Address: 8 MIRROR LAKE DRIVE STE A
City-St-Zip: ORMANDO BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: CUNHA, OLIMPIO F
Address: 8 MIRROR LAKE DRIVE STE A
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: WIERZBICK, TIMOTHY
Address: 8 MIRROR LAKE DRIVE STE A
City-St-Zip: ORMANDO BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LESLIE KARI MGR 01/30/2006

Electronic Signature of Signing Officer or Director Date