2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P96000097569

Entity Name: NEUROLOGICAL CENTER OF SOUTH FLORIDA-PARTNERS, INC.

Current Principal Place of Business:

8940 NORTH KENDALL DRIVE
MIAMI, FL 33176

New Principal Place of Business:

8940 NORTH KENDALL DRIVE
802E
MIAMI, FL 33176

Current Mailing Address:

8940 NORTH KENDALL DRIVE
MIAMI, FL 33176

New Mailing Address:

8940 NORTH KENDALL DRIVE
802E
MIAMI, FL 33176

FEI Number: 65-0729261 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIELDSTONE, RONALD R
200 S. BISCAYNE BLVD.
SUITE 2100
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE
SUITE 601
CORAL GABLES, FL 33134 US

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: RONALD FIELDSTONE 04/29/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: ZWIBEL, HOWARD L
Address: 8940 N. KENDALL DRIVE
City-St-Zip: MIAMI, FL 33176

Title: P ( ) Delete
Name: APTMAN, MICHAEL
Address: 8940 N. KENDALL DRIVE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition
Name: ZWIBEL, HOWARD L
Address: 8940 N. KENDALL DRIVE #802E
City-St-Zip: MIAMI, FL 33176

Title: P (X) Change ( ) Addition
Name: APTMAN, MICHAEL
Address: 8940 N. KENDALL DRIVE #802E
City-St-Zip: MIAMI, FL 33176

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: MICHAEL APTMAN P 04/29/2005
Electronic Signature of Signing Officer or Director Date