

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90092 038 ***150.00

DOCUMENT # P98000033173																										
1. Entity Name NEUROLOGY GROUP OF SOUTH FLORIDA, INC.																										
Principal Place of Business 801 ARTHUR GODFREY RD. SUITE 660 MIAMI BCH, FL 33140			Mailing Address 801 ARTHUR GODFREY RD. SUITE 660 MIAMI BCH, FL 33140																							
2. Principal Place of Business 4300 ALTON RD Suite, Apt. #, etc. STE. 209 City & State MIAMI BEACH, FL Zip 33140 Country USA		3. Mailing Address 4300 ALTON RD Suite, Apt. #, etc. STE. 209 City & State MIAMI BEACH, FL Zip 33140 Country USA																								
4. FEI Number 65-0827420		04012004 Chg-P CR2E034 (10/03)																								
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>				Applied For	Not Applicable																			
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6. Name and Address of Current Registered Agent SHEA, SEAN 801 ARTHUR GODFREY RD #660 MIAMI BCH, FL 33140			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td colspan="2">SEAN SHEA</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="2">4300 ALTON ROAD, STE 209</td> </tr> <tr> <td style="padding: 2px;">City</td> <td>MIAMI BEACH</td> <td>FL</td> </tr> <tr> <td style="padding: 2px;">Zip Code</td> <td colspan="2">33140</td> </tr> </table>			Name	SEAN SHEA		Street Address (P.O. Box Number is Not Acceptable)	4300 ALTON ROAD, STE 209		City	MIAMI BEACH	FL	Zip Code	33140										
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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: <u>Sean Shea</u> <u>SEAN SHEA, MD</u> <u>4/1/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																								
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																							
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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: <u>Sean Shea</u> <u>SEAN SHEA, MD</u> <u>4/1/04</u> <u>305-532-2464</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																										