

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		04012004 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0827420		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
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 Name SEAN SHEA Street Address (P.O. Box Number is Not Acceptable) 4300 ALTON ROAD, STE 209 City MIAMI BEACH FL Zip Code 33140		
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> SEAN SHEA, MD 4/1/04 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, 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEA, SEAN 801 ARTHUR GODFREY RD #660 MIAMI BCH, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SEAN SHEA 4300 ALTON ROAD, #209 MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, GEORGE 801 ARTHUR GODFREY RD #660 MIAMI BCH, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD GEORGE D. DIAZ 4300 ALTON ROAD, #209 MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSS, JONATHAN MD 801 ARTHUR DOFREY RD, #660 MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD JONATHAN CROSS 4300 ALTON RD, #209 MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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> SEAN SHEA, MD 4/1/04 305-532-2464 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					