


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90015 049 ***150.00

DOCUMENT # P98000033173	
1. Entity Name NEUROLOGY GROUP OF SOUTH FLORIDA, INC.	

Principal Place of Business 4300 ALTON RD. STE. 209 MIAMI BCH, FL 33140	Mailing Address 4300 ALTON RD. STE. 209 MIAMI BCH, FL 33140
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50000936



2. Principal Place of Business 4300 ALTON ROAD Suite, Apt. #, etc. SUITE 2060	3. Mailing Address 4300 ALTON ROAD Suite, Apt. #, etc. SUITE 2060
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01042005 Chg-P CR2E034 (10/03)

City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL
Zip 33140	Country MIAMI-DADE

4. FEI Number 65-0827420	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHEA, SEAN 4300 ALTON RD. STE. 209 MIAMI BCH, FL 33140	
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7. Name and Address of New Registered Agent Name SEAN SHSA Street Address (P.O. Box Number is Not Acceptable) 4300 ALTON ROAD SUITE 2060 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 <i>Shea</i>	DATE 1/5/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEA, SEAN 4300 ALTON RD., #209 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUITE # 2060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD DIAZ, GEORGE 4300 ALTON RD., #209 MIAMI BCH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUITE # 2060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD CROSS, JONATHAN MD 4300 LATON RD., #209 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUITE # 2060
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
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
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: <i>Shea</i>	DATE 1/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

305-532-2464