

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000033173

FILED  
Jan 05, 2006  
Secretary of State

Entity Name: NEUROLOGY GROUP OF SOUTH FLORIDA, INC.

## Current Principal Place of Business:

4300 ALTON RD. SUITE 2060  
MIAMI BCH, FL 33140

## New Principal Place of Business:

4300 ALTON RD. SUITE 2060  
MIAMI BEACH, FL 33140

## Current Mailing Address:

4300 ALTON RD. SUITE 2060  
MIAMI BCH, FL 33140

## New Mailing Address:

4300 ALTON RD. SUITE 2060  
MIAMI BEACH, FL 33140

FEI Number: 65-0827420

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHEA, SEAN  
4300 ALTON RD. SUITE 2060  
MIAMI BCH, FL 33140 US

## Name and Address of New Registered Agent:

SHEA, SEAN  
4300 ALTON RD. SUITE 2060  
MIAMI BEACH, FL 33140 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: SEAN SHEA

01/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S/D ( ) Delete  
Name: SHEA, SEAN  
Address: 4300 ALTON RD STE 2060  
City-St-Zip: MIAMI BEACH, FL 33140

Title: T/M ( ) Delete  
Name: DIAZ, GEORGE  
Address: 4300 ALTON RD STE 2060  
City-St-Zip: MIAMI BCH, FL 33140

Title: V/D ( ) Delete  
Name: CROSS, JONATHAN MD  
Address: 4300 ALTON RD STE 2060  
City-St-Zip: MIAMI BEACH, FL 33140

Title: P/D ( ) Delete  
Name: KREGER, HOWARD MD  
Address: 4300 ALTON RD STE 2060  
City-St-Zip: MIAMI BEACH, FL 33140

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T/M (X) Change ( ) Addition  
Name: DIAZ, GEORGE  
Address: 4300 ALTON RD STE 2060  
City-St-Zip: MIAMI BEACH, FL 33140

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

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

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: GEORGE DIAZ, MD

T/M

01/05/2006

Electronic Signature of Signing Officer or Director

Date