

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000033173

FILED
Jul 14, 2008
Secretary of State

Entity Name: NEUROLOGY GROUP OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

4300 ALTON RD. SUITE 2060
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

4300 ALTON RD. SUITE 2060
MIAMI BEACH, FL 33140

New Mailing Address:

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 BEACH, FL 33140 US

Name and Address of New Registered Agent:

GEORGE, DIAZ
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: GEORGE DIAZ

07/14/2008

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 BEACH, 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: S/D (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:

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

I hereby certify that the information supplied with this filing does not qualify 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: TRASURER

MD

07/14/2008

Electronic Signature of Signing Officer or Director

Date