

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000060567

FILED
Apr 20, 2004
Secretary of State

Entity Name: NEUROLOGICAL ASSOCIATES OF NORTH FLORIDA, P.A.

Current Principal Place of Business:

205 ZEAGLER DRIVE, SUITE 201
PALATKA, FL 32177

New Principal Place of Business:

1205 MONUMENT ROAD
302
JACKSONVILLE, FL 32225

Current Mailing Address:

205 ZEAGLER DRIVE, SUITE 201
PALATKA, FL 32177

New Mailing Address:

1205 MONUMENT ROAD
302
JACKSONVILLE, FL 32225

FEI Number: 59-3520170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAS, AMIT
205 ZEAGLER DRIVE, SUITE 201
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

THE LAW OFFICES OF JIM FARAH, P.A.
8823 SAN JOSE BOULEVARD
207
JACKSONVILLE, FL 32217 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: JAMES E. FARAH, ESQ.

04/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAS, AMIT
Address: 205 ZEAGLER DRIVE, SUITE 201
City-St-Zip: PALATKA, FL 32177

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DAS, AMIT
Address: 1205 MONUMENT ROAD, SUITE 302
City-St-Zip: JACKSONVILLE, FL 32225

Title: PST () Change (X) Addition
Name: DAS, AMIT
Address: 1205 MONUMENT ROAD, SUITE 302
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AMIT DAS

P

04/20/2004

Electronic Signature of Signing Officer or Director

Date