2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000065173

1. Entity Name
NEUROCARE CONSULTANTS, INC.

Principal Place of Business	Mailing Address
3370 BURNS RD 200 PALM BEACH GARDENS, FL 33410	3370 BURNS RD 200 PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

03262006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0851352

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NUNEZ, SONIA C MD
3370 BURNS ROAD
STE 200
WEST PALM BEACH, FL 33410

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NUNEZ, SONIA C M.D.
STREET ADDRESS	3370 BURNS RD STE 200
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	VT
NAME	NUNEZ, JOSE P
STREET ADDRESS	3370 BURNS RD. ST. 200
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/18/06-80020-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/29/06 561-624343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #