

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90213 039 ***150.00

DOCUMENT # P98000065173



1. Entity Name
NEUROCARE CONSULTANTS, INC.

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

Mailing Address
**3370 BURNS RD
200
PALM BEACH GARDENS, FL 33410**

2. Principal Place of Business - No P.O. Box #
601 UNIVERSITY BLVD

3. Mailing Address
601 UNIVERSITY BLVD

Suite, Apt. #, etc.
205

Suite, Apt. #, etc.
205

City & State
JUPITER, FL

City & State
JUPITER, FL

Zip
33458

Country
USA

Zip
33458

Country
USA

04152007 Chg-P CR2E034 (12/06)

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**

7. Name and Address of New Registered Agent

Name
NUNEZ, SONIA C. M.D.

Street Address (P.O. Box Number is Not Acceptable)
**601 UNIVERSITY BLVD
STE 205**

City
JUPITER

FL Zip Code
33458

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
NUNEZ, SONIA C M.D.
3370 BURNS RD STE 200
PALM BEACH GARDENS, FL 33410**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VT
NUNEZ, JOSE P
3370 BURNS RD. ST. 200
PALM BEACH GARDENS, FL 33410**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
NUNEZ, SONIA C, M.D.
601 UNIVERSITY BLVD. STE 205
JUPITER, FL 33458**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VT
NUNEZ, JOSE P
601 UNIVERSITY BLVD. STE 205
JUPITER, FL 33458**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 11 if changed, or on an attachment with an address with an officer like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/23/07** Daytime Phone # _____