

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000051682

FILED
Sep 02, 2005
Secretary of State

Entity Name: PARKINSON'S DISEASE AND MOVEMENT DISORDERS CENTER OF BOCA RATON, INC.

Current Principal Place of Business:

951 NW 13TH STREET
5E
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

951 NW 13TH STREET
5E
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 22-3659456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, GARY L
20803 BISCAYNE BLVD, SUITE 200
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

ISAACSON, STUART
951 NW 13TH STREET
5E
BOCA RATON, FL 33486 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: STUART ISAACSON

09/02/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ISAACSON, STUART H
Address: 951 NW 13TH ST, 5E
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: STUART ISAACSON

D

09/02/2005

Electronic Signature of Signing Officer or Director

Date