

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000099742

1. Entity Name
BOCA RATON NEUROLOGIC ASSOCIATES, P.A.



Principal Place of Business

**1050 N.W. 15TH ST
SUITE 216 A
BOCA RATON, FL 33486**

Mailing Address

**1050 N.W. 15TH ST
SUITE 216A
BOCA RATON, FL 33486**



02022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0962226

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KASTIN, BRUCE
1050 NW 15TH ST
STE #216A
BOCA RATON, FL 33486**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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**

1000000420731
02/16/06-80008-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	KASTIN, BRUCE R M.D.
STREET ADDRESS	1050 NW 15TH STREET, #216A
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	VP
NAME	GRAEF, LORIN M M.D.
STREET ADDRESS	1050 NW 15TH STREET, #216A
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: *B. Kastin* **BRUCE KASTIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/06 (561) 338-8484
Date Daytime Phone #