


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 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
---	--



01052007 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 <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000583384 01/11/07-80069-010 150.00
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES KASTIN, BRUCE R M.D. 1050 NW 15TH STREET, #216A BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAEF, LORIN M M.D. 1050 NW 15TH STREET, #216A 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	
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: R. KASTIN BRUCE KASTIN, MD 1/5/07 (561) 338-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #