# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 21, 2004**
**Secretary of State**

DOCUMENT# S21708

**Entity Name:** ASSOCIATES IN NEUROLOGY OF SOUTH FLORIDA, P.A.

**Current Principal Place of Business:**

4302 ALTON ROAD
SUITE 400
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

21150 BISCAYNE BLVD
STE 201
AVENTURA, FL 33180 US

**New Mailing Address:**

**FEI Number: 65-0242531** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GROSZ, RAUL M.D.
4302 ALTON ROAD
SUITE 430
MIAMI BEACH, FL 33140 US

**Name and Address of New Registered Agent:**

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: _____

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: DP ( ) Delete
Name: GROSZ, RAUL,
Address: 451 E DILIDO DR
City-St-Zip: MIAMI BEACH, FL

Title: DVP ( ) Delete
Name: GELBLUM, JEFFREY B.,
Address: 110 SOUTH ISLAND
City-St-Zip: GOLDEN BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RAUL GROSZ PRES 07/21/2004

Electronic Signature of Signing Officer or Director Date