# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 15, 2005**
**Secretary of State**

DOCUMENT# S99961

**Entity Name:** NEUROLOGY AND PAIN MANAGEMENT OF THE PALM BEACHES, P.A.

**Current Principal Place of Business:**

658 W INDIANTOWN RD #212
JUPITER, FL 33458 US

**New Principal Place of Business:**

658 W INDIANTOWN RD
212
JUPITER, FL 33458 US

**Current Mailing Address:**

658 W INDIANTOWN RD #212
JUPITER, FL 33458 US

**New Mailing Address:**

658 W INDIANTOWN RD
212
JUPITER, FL 33458 US

**FEI Number: 65-0300205** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

IRVINE MASON
658 W INDIAN TOWN RD #212
JUPITER, FL 33458 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: MASON, IRVINE,
Address: 658 W INDIANTOWN RD #212
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete
Name: MASON, JILL
Address: 658 W INDIANTOWN RD #212
City-St-Zip: JUPITER, FL 33458

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

Title: PRES (X) Change ( ) Addition
Name: MASON, IRVINE,
Address: 658 W INDIANTOWN RD #212
City-St-Zip: JUPITER, FL 33458

Title: SEC (X) Change ( ) Addition
Name: MASON, JILL
Address: 658 W INDIANTOWN RD #212
City-St-Zip: JUPITER, FL 33458

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: IRVINE MASON, M.D. PRES 01/15/2005

Electronic Signature of Signing Officer or Director Date