



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # V72450 1. Entity Name FLORIDA NEUROLOGY NETWORK, INC.					
Principal Place of Business C/O WILLIAM SPRATT JR. 201 S. BISCAYNE BLVD STE 2000 MIAMI, FL 33131			Mailing Address C/O WILLIAM SPRATT JR. 201 S. BISCAYNE BLVD STE 2000 MIAMI, FL 33131		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
					
			01272004 Chg-P CR2E034 (10/03)		
			4. FEI Number 65-0371480		Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SPRATT, WILLIAM J JR 201 S. BISCAYNE BLVD 2000 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD ORTIZ-CRUZ, DESIREE M P.O BOX 431287 S. MIAMI, FL 33143 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> U000000121430 04/20/04-80051-016 150.00 </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					