SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000078427 (0)**

1. Corporation Name
NEUROCARE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4900 W OAKLAND PARK BLVD SUITE 107 FT LAUDERDALE FL 33313	4900 W OAKLAND PARK BLVD SUITE 107 FT LAUDERDALE FL 33313

3. Date Incorporated or Qualified: 11/12/1993
3a. Date of Last Report: 01/24/1995

2. Principal Place of Business
21:
Suite, Apt #, etc
22:
City & State
23:
Zip / Country
24: 25:

2a. Mailing Address
26: 2898 N. University Drive
Suite, Apt #, etc
27: #49
City & State
28: Coral Springs, FL
Zip / Country
29: 33065 30: USA

4. FEI Number: 65-0461509 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes. [XX] Yes ☐ No

9. Name and Address of Current Registered Agent
CHAMELY, ABRAHAM MD
4900 W OAKLAND PARK BLVD
SUITE 107
FT LAUDERDALE FL 33313

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE	S/D	[XX] Change ☐ Addition
NAME	CHAMELY, ABRAHAM MD		12 NAME		
STREET ADDRESS	% 4900 W OAKLAND PARK BLVD SUITE 107		13 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33313		14 CITY-ST-ZIP		
TITLE	P	☐ DELETE	21 TITLE	P/D	[XX] Change ☐ Addition
NAME	LESSER, MARTIN A		22 NAME		
STREET ADDRESS	2420 CASTILLA ISLE		23 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Abraham Chamely 7-22-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #