

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 17 AM 10:08**

DOCUMENT # **S59739** (0)

1. Corporation Name

**SENSORY NEURODIAGNOSTICS, INC.**

Principal Place of Business

Mailing Address

C/O ROBERT MORGENROTH  
4205 FAIRWAY CIR  
TAMPA FL 33624

C/O ROBERT MORGENROTH  
4205 FAIRWAY CIR  
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/12/1991** 3a. Date of Last Report **03/21/1994**

4. FEI Number **59-3070916** 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  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 **13606 Cozy Place**

26 **13606 Cozy Place**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

**Tampa, FL**

**Tampa, FL**

24 Zip

25 Country

29 Zip

30 Country

**33625**

**U.S.**

**33625**

**U.S.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORGENROTH, ROBERT**  
**4205 FAIRWAY CIRCLE**  
**TAMPA FL 33624**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**13606 Cozy Place**

84 City **Tampa** **FL** 85 Zip Code **33625**

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

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when resigning.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **MORGENROTH, ROBERT**  
STREET ADDRESS **4205 FAIRWAY CIRCLE**  
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS **13606 Cozy Place**  
1.4 CITY-ST-ZIP **Tampa, FL 33625**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Robert Morgenroth*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ROBERT MORGENROTH**

**3-12-95** **813-961-8120**