

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 # 479648 (8)

1. Corporation Name NEUROLOGICAL ASSOCIATES - H. HOOSHMAND, M.D., P. A.



Principal Place of Business 903 EAST CAUSEWAY BLVD. P. O. BOX 7147 VERO BEACH FL 32961 Mailing Address 903 EAST CAUSEWAY BLVD. P. O. BOX 7147 VERO BEACH FL 32961

3. Date Incorporated or Qualified 06/26/1975 3a. Date of Last Report 06/08/1995 4. FEI Number 59-1606532 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. Suite, Apt. #, etc. 26. Suite, Apt. #, etc. 22. City & State 27. City & State 23. Zip 28. Zip 24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent HOOSHMAND, HOOSHANG 4090 4TH ST VERO BEACH FL 32967

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Table with 5 rows and 2 columns: 12. OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for CDP HOOSHMAND, HOOSHANG and SDT HOOSHMAND, CLARA J.

Table with 6 rows and 2 columns: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for 500001893005 -07/15/96--01006--038 ***225.00

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: [Signature] 6/28/96 (561) 231-1300 Date Daytime Phone #

CR2E034 (3/96)