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Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra C. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 479648
1. Corporation Name
Neurological Associates - H. Hooshmand
M.D. P.A.

Principal Place of Business: 903 East Causeway, Vero Beach FL 32963
Mailing Address: PO Box 6394, Vero Beach FL 32961

2. Principal Place of Business (21-25)
2a. Mailing Address (26-30)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6/26/75

4. FEI Number: 59-1606532

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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
Hooshang Hooshmand
PO Box 6394
4090 4th Street
Vero Beach FL 32961

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0207 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: _____ (NAME: _____) DATE: _____

12. OFFICERS AND DIRECTORS

1. TITLE: C/DIP, NAME: Hooshmand, Hooshang, STREET ADDRESS: 4090 4th Street, CITY-ST-ZIP: PO Box 6394 Vero Beach FL 32961

2. TITLE: S/DIT, NAME: Hooshmand, Clara, STREET ADDRESS: PO Box 6394, CITY-ST-ZIP: Vero Beach FL 32961

3. TITLE: [DELETE]

4. TITLE: [DELETE]

5. TITLE: [DELETE]

6. TITLE: [DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: [CHANGE] [ADDITION] NAME: [CHANGE] [ADDITION] STREET ADDRESS: [CHANGE] [ADDITION] CITY-ST-ZIP: [CHANGE] [ADDITION]

2. TITLE: [CHANGE] [ADDITION] NAME: [CHANGE] [ADDITION] STREET ADDRESS: [CHANGE] [ADDITION] CITY-ST-ZIP: [CHANGE] [ADDITION]

3. TITLE: [CHANGE] [ADDITION] NAME: [CHANGE] [ADDITION] STREET ADDRESS: [CHANGE] [ADDITION] CITY-ST-ZIP: [CHANGE] [ADDITION]

4. TITLE: [CHANGE] [ADDITION] NAME: [CHANGE] [ADDITION] STREET ADDRESS: [CHANGE] [ADDITION] CITY-ST-ZIP: [CHANGE] [ADDITION]

5. TITLE: [CHANGE] [ADDITION] NAME: [CHANGE] [ADDITION] STREET ADDRESS: [CHANGE] [ADDITION] CITY-ST-ZIP: [CHANGE] [ADDITION]

6. TITLE: [CHANGE] [ADDITION] NAME: [CHANGE] [ADDITION] STREET ADDRESS: [CHANGE] [ADDITION] CITY-ST-ZIP: [CHANGE] [ADDITION]

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Clara Hooshmand
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)