FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 21 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **488860** **(8)**

1. Corporation Name

NEUROLOGIC CONSULTANTS, LOPEZ, STEWART, WAGSHUL, BARREDO AND KOHRMAN, M.D., P.A.

Principal Place of Business	Mailing Address
P.O. BOX 432250 ~~P. O. BOX 431150~~ SOUTH MIAMI FL 33243-250~~ US 2250	P.O. BOX 432250 ~~P. O. BOX 431150~~ SOUTH MIAMI FL 33243-250~~ US 2250

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/01/1975
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-1630265 ☐ 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

9. Name and Address of Current Registered Agent

LOPEZ, RAY
7330 SOUTHWEST 62ND PLACE
#310
SOUTH MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name: N/A
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 4/18/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating!

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	LOPEZ,RAY	12 NAME		
STREET ADDRESS	7330 SOUTHWEST 62ND PL	13 STREET ADDRESS		
CITY-ST-ZIP	SOUTH MIAMI FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	STEWART,JAMES G.	22 NAME		
STREET ADDRESS	7330 SOUTHWEST 62ND PL	23 STREET ADDRESS		
CITY-ST-ZIP	SOUTH MIAMI FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	WAGSHUL,ALAN M.	32 NAME		
STREET ADDRESS	7330 SOUTHWEST 62ND PL	33 STREET ADDRESS		
CITY-ST-ZIP	SOUTH MIAMI FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	BARREDO, VICTOR	42 NAME		
STREET ADDRESS	7330 SOUTHWEST 62ND PL	43 STREET ADDRESS		
CITY-ST-ZIP	SOUTH MIAMI, FL 00000	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	KOHRMAN, BRUCE D	52 NAME		
STREET ADDRESS	7330 SW 62ND PLACE	53 STREET ADDRESS		
CITY-ST-ZIP	SOUTH MIAMI FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 hereinabove, or on an attachment with an address.

SIGNATURE: Alan M Wagshul 4/18/95 (305) 665-6501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ALAN M. WAGSHUL, M.D., Treasurer

0431402 FP