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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPCRATIONS

1996 **DOCUMENT #** 

Principal Place of Business

Mailing Address

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

P.O. BOX 432250 P.O. BOX 432250 P. O. BOX 431150 P. O. BOX 431150 SOUTH MIAMI FL 33243-2250 SOUTH MIAMI FL 33243-2250 3a. Date of Last Report 04/21/1995 or Qualified 3. Date I 11/01/1975 Applied For 4 FELNumbe 2a. Mailing Address 2. Principal Place of Business 59-1630265 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s 199.032. Country Zip Country Zip Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) LOPEZ, RAY 82 7330 SOUTHWEST 62ND PLACE 83 #310 **SOUTH MIAMI FL 33143** 85 Zip Code 84 City luctions 607,0502 and 607,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office 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 oligations of Section 60, 0505, Florida Statutes. 11. Pursuant to the provisions of or registered agent, or both familiar with, and accept the Mrei SIGNATURE ATTIL Handensi Apent sunafare (Can ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Add tion DELE TE 1.13HUE LOPEZ, RAY 1.2 NAME NAME 7330 SOUTHWEST 62ND PL L3 STREET ADDRESS STREET ADDRESS SOUTH MIAMI FL 14 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition Change DELETE 2.180008 TITLE STEWART, JAMES G. 2.2 NAME NAME 7330 SOUTHWEST 62ND PL 2.3 STREET ADDRESS STREET ADDRESS SOUTH MIAMI FL 2.4 CITY - \$1 - ZIP CITY-ST-2IP [ ] Change Addition ["] DELETE 3 1 THILE TITLE WAGSHUL, ALAN M. 3.2 NAME 7330 SOUTHWEST 62ND PL 3.3 STREET ADDRESS STREET ADDRESS SOUTH MIAMI FL 3.4 CI1Y - ST - ZIP CITY-ST-ZIP Change Addition DELETÉ 4 1 III F TITLE BARREDO, VICTOR 4.2 NAME NAME 7330 SOUTHWEST 62ND PL 4.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this fring 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director of the corporation of 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 c

4.4 CITY - \$1 - ZIP

5.3 STREET ADDRESS

54 CITY - ST - ZIP

64 CITY - ST - 7/P

5 1 TULE

5.2 NAME

6 1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY - ST- ZIP

TITLE

TITLE

SOUTH MIAMI, FL 00000

KOHRMAN, BRUCE D

7330 SW 62ND PLACE

SOUTH MIAMI FL

SIGNATURE AND T NG OFFICER OR DIRECTOR

DELETE

DELETE

4/12/96 305/45-650

Change

Change

Addition

Addition

CR2E034 (12/95)