

4-29-97 B-5754 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 488860 (8)

1. Corporation Name

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

Principal Place of Business

P.O. BOX 432250  
~~P.O. BOX 431130~~  
SOUTH MIAMI FL 33243-2250  
US

Mailing Address

P.O. BOX 432250  
~~P.O. BOX 431130~~  
SOUTH MIAMI FL 33243-2250  
US 2250

3. Date Incorporated or Qualified  
11/01/1975

3a. Date of Last Report  
04/17/1996

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

7. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

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

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	LOPEZ, RAY	
STREET ADDRESS	7330 SOUTHWEST 62ND PL	
CITY - ST - ZIP	SOUTH MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEWART, JAMES G.	
STREET ADDRESS	7330 SOUTHWEST 62ND PL	
CITY - ST - ZIP	SOUTH MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WAGSHUL, ALAN M.	
STREET ADDRESS	7330 SOUTHWEST 62ND PL	
CITY - ST - ZIP	SOUTH MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARREDO, VICTOR	
STREET ADDRESS	7330 SOUTHWEST 62ND PL	
CITY - ST - ZIP	SOUTH MIAMI, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOHRMAN, BRUCE D	
STREET ADDRESS	7330 SW 62ND PLACE	
CITY - ST - ZIP	SOUTH MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0286232

CR2E034 (9/96)