

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 08, 1999 8:00 am  
Secretary of State

03-08-1999 90086 006 \*\*\*150.00

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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 431150  
SOUTH MIAMI FL 33243-2250  
US

Mailing Address

P.O. BOX 432250  
P. O. BOX 431150  
SOUTH MIAMI FL 33243-2250  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1975

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

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 ☐ DELETE

TITLE PD  
NAME LOPEZ, RAY  
STREET ADDRESS 7330 SOUTHWEST 62ND PL  
CITY-ST-ZIP SOUTH MIAMI FL

TITLE D ☐ DELETE

NAME STEWART, JAMES G.  
STREET ADDRESS 7330 SOUTHWEST 62ND PL  
CITY-ST-ZIP SOUTH MIAMI FL

TITLE D ☐ DELETE

NAME WAGSHUL, ALAN M.  
STREET ADDRESS 7330 SOUTHWEST 62ND PL  
CITY-ST-ZIP SOUTH MIAMI FL

TITLE D ☐ DELETE

NAME BARREDO, VICTOR  
STREET ADDRESS 7330 SOUTHWEST 62ND PL  
CITY-ST-ZIP SOUTH MIAMI, FL 00000

TITLE D ☐ DELETE

NAME KOHRMAN, BRUCE D  
STREET ADDRESS 7330 SW 62ND PLACE  
CITY-ST-ZIP SOUTH MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-25-99

Date

305-665-6501

Daytime Phone #

CR2E034 (1/98)

0277273