

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 22, 1999 8:00 am
Secretary of State

03-22-1999 90020 020 ***158.75

DOCUMENT # 636156

1. Corporation Name

BAUMEL-EISNER NEUROMEDICAL INSTITUTE, INC.



Principal Place of Business
7301 NORTH UNIVERSITY DRIVE
SUITE 300
TAMARAC FL 33321

Mailing Address
7301 NORTH UNIVERSITY DRIVE
SUITE 300
TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1979

4. FEI Number

59-1931184

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAUMEL, BERNARD
7301 NORTH UNIVERSITY DRIVE
SUITE #300
TAMARAC FL 33321

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BAUMEL, BERNARD
STREET ADDRESS 7301 NORTH UNIVERSITY DR., #300
CITY-ST-ZIP TAMARAC FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D/PIC
David D. Halbert
545 E. John Carpenter Fwy., Suite 1570
Dallas, Texas 75062

Change

Addition

TITLE SD
NAME EISNER, LARRY
STREET ADDRESS 7301 NORTH UNIVERSITY DRIVE
CITY-ST-ZIP TAMARAC FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D/V
Jon S. Halbert
545 E. John Carpenter Fwy., Suite 1570
Dallas, Texas 75062

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D/V/ST/CFO
Danny Phillips
545 E. John Carpenter Fwy., Suite 1570
Dallas, Texas 75062

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Co-CEO
Bernard Baumei
7301 North University Dr. #300
Tamarac, Florida 33321

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Co-CEO
Larry Eisner
7301 North University Dr. #300
Tamarac, Florida 33321

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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, with all other like empowered.

SIGNATURE:

Danny Phillips
CFO

3/4/99 (972) 830-6199

Date

Daytime Phone #

CR2E034 (1/98)