

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 FEB 28 PM 12:00



1. Name of Limited Partnership	1a. DOCUMENT # A95000000726
NEUROLDDINGS, LTD.	

Mailing Address 10168 W. SAMPLE ROAD CORAL SPRINGS FL 33065	Principal Office Address 10168 W. SAMPLE ROAD CORAL SPRINGS FL 33065	3. Date Formed or Registered 05/03/1995	5a. Capital Contributions as Shown on record. \$100.00
2. Mailing Address 9305 West Sample Road	2a. Principal Office Address 9305 West Sample Road	3a. Date of Last Report 01/02/1996	5b. Amount of Capital Contributions in FLORIDA to date.
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State Coral Springs, FL	City & State Coral Springs, FL	6. FEI Number APPLIED FOR	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33065	Zip 33065	7. Certificate of Status Desired 30000021025995	\$8.75 Additional Fee Required
Country USA	Country USA	8. Make check payable to 30000021025995	0370397-01092-013

9. Name and Address of Current Registered Agent CHAMELY, ABRAHAM 4900 W. OAKLAND PARK BLVD., #107 LAUDERDALE LAKES FL 33313	10. If changed, new Registered Agent/Office Name ABRAHAM A. CHAMELY MD Street Address (P.O. Box Number Is Not Acceptable) 9305 West Sample Road Suite, Apt. #, etc. CORAL SPRINGS, City CORAL SPRINGS FL Zip Code 33065
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *Abraham Chamely* DATE 1/20/97

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
LEVY, GEORGE G M.D.	7171 N UNIVERSITY DRI	TAMARAC FL 33321	<i>OK</i> <i>2-28</i>
LEVY, SUSAN	7171 N UNIVERSITY DRI	TAMARAC FL 33321	
CHAMELY, ABRAHAM M.D.	4900 W. OAKLAND PARK	LAUDERDALE LAKES FL 3	
CHAMELY, CHERYL	4900 W. OAKLAND PARK	LAUDERDALE LAKES FL 3	
LESSER, MARTIN A M.D.	4900 W. OAKLAND PARK	LAUDERDALE LAKES FL 3	
LESSER, LINDA	4900 W. OAKLAND PARK	LAUDERDALE LAKES FL 3	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Abraham Chamely* DATE 12/12/96
Typed or Printed Name of General Partner Signing Form ABRAHAM A. CHAMELY Daytime Telephone Number (954) 755-8885