
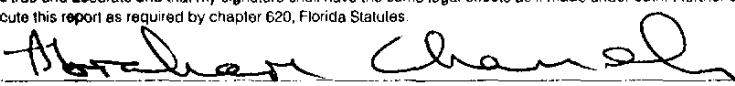


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership  NEUROLDTINGS, LTD.		1a. DOCUMENT # A95000000726	
2. Mailing Address 8305 WEST SAMPLE ROAD CORAL SPRINGS FL 33065		2a. Principal Office Address 8305 WEST SAMPLE ROAD CORAL SPRINGS FL 33065	
3. Date Formed or Registered 05/03/1995		5a. Capital Contributions as Shown on record. \$100.00	
3a. Date of Last Report 02/28/1997		5b. Amount of Capital Contributions in FLORIDA to date: \$100.00	
4. State or Country of Formation FL		6. FEI Number 65-0734867 APPLIED FOR <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Certificate of Status Desired		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent CHAMELY, ABRAHAM 8305 WEST SAMPLE ROAD CORAL SPRINGS FL 33065		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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) _____ DATE _____			
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	
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 		DATE 12-20-97	
Typed or Printed Name of General Partner Signing Form		Daytime Telephone Number	

FILED

98 JAN -5 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



5/1/16

CR2E003 (6/97)