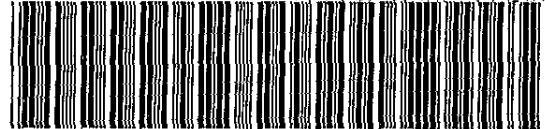


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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AL

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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**TRANSMITTAL LETTER**

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03 JUN 13 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NeuroRestorative Associates, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Owen Stoker

(Name of Person)

NeuroRestorative Associates, Inc.

(Firm/Company)

4500 West Commercial Dr.

(Address)

North Little Rock, Arkansas

(City/State and Zip code)

For further information concerning this matter, please call:

Owen Stoker

(Name of Person)

at ( 501 ) 758-8799

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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03 JUN 13 PM 2:  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

1. NeuroRestorative Associates, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Arkansas 3. 621399  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3/14/97 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 4500 West Commercial Drive  
(Principal office address)  
North Little Rock, Arkansas 72116  
(Current mailing address)
8. Healthcare  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  
Name: CT Corporation System  
Office Address: 1200 S. Pine Island Rd.  
Plantation, Florida 33324  
(City) (Zip code)
10. Registered agent's acceptance:  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

SEE ATTACHMENT FROM CT CORP.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Jack Robertson

Address: 4500 W. Commercial Dr.  
North Little Rock, AR 72116

Vice Chairman: Roger Carrillo

Address: 4500 West Commercial Dr.  
North Little Rock, AR. 72116

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Jack E. Robertson

Address: 4500 West Commercial Dr  
North Little Rock, AR 72116

Vice President: Roger Carrillo

Address: 4500 West Commercial Dr.  
North Little Rock, AR 72116

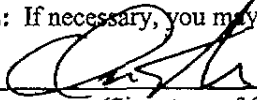
Secretary: Jan Roberts

Address: 4500 West Commercial Dr., North Little Rock, AR 72116

Treasurer: Owen Stoker

Address: 4500 West Commercial Dr., North Little Rock, AR 72116

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Owen Stoker, CFO, Treasurer  
(Typed or printed name and capacity of person signing application)

FILED

03 JUN 13 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ACCEPTANCE OF APPOINTMENT


RE: Neurorestorative Associates, Inc.

FILED  
03 JUN 13 PM 2:  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: June 2, 2003

C T CORPORATION SYSTEM

By   
Sean L. Emerick, Assistant Secretary



# Arkansas Secretary of State Charlie Daniels

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501.682.3409

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CLERK OF THE STATE  
TALLAHASSEE, FLORIDA

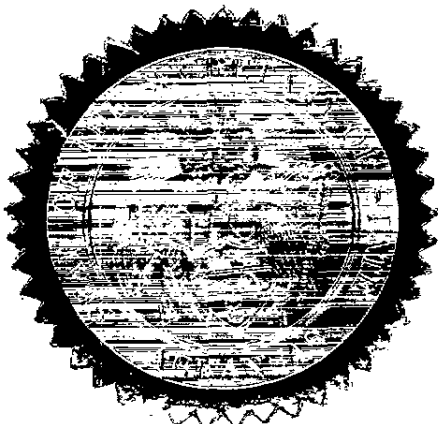
## CERTIFICATE OF GOOD STANDING

I, Charlie Daniels, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

### NEURORESTORATIVE ASSOCIATES, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office March 14, 1997.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 27th day of May 2003.

*Charlie Daniels*

Charlie Daniels  
Secretary of State

By: *April Kump*  
arkump