

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

**- FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -7 PM 4:06

DOCUMENT # H27582 (6)

1. Corporation Name

NEUROSCIENCE CENTER OF BOCA RATON, INC.

Principal Place of Business

1500 NW 10TH AVENUE
STE 105
BOCA RATON FL 33486

Mailing Address

1500 NW 10TH AVENUE
STE 105
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/29/1984

3a. Date of Last Report

02/04/1994

4. FEI Number

59-2451279

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒ 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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILK, RON
1500 NW 10TH. AVE. STE 105
BOCA RATON FL 33832**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

NAME

FRIEND, HAROLD C.

STREET ADDRESS

1500 NW 10TH AVE #105

CITY- ST- ZIP

BOCA RATON FL

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

TITLE

D

NAME

WILK, RONALD L.

STREET ADDRESS

1500 NW 10TH AVE #105

CITY- ST- ZIP

BOCA RATON FL

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

TITLE

D

NAME

BAILYN, RICHARD S.

STREET ADDRESS

1500 NW 10TH AVE #105

CITY- ST- ZIP

BOCA RATON FL

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

Harold C. Friend
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold C. Friend, M. D.

Title

Signature Number

(407) 392-8533