FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT

1995

APPROVED AND FILED

95 FEB 23 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H58244 (5)

1. NEURO-BEHAVIORAL INSTITUTE OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
3365 BURNS RD #206 SUITE 230 PAL BCH GARDENS FL 33410	3365 BURNS RD #206 SUITE 230 PAL BCH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/22/1985
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Street, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 65-0016119 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROWN, JEFFREY B. 53 DUNBAR RD PALM BEACH GARDENS FL 33418	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 _____ (Typed or printed name of person signing in capacity of listed above) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	TUCHMAN M.D., MICHAEL M.	12 NAME	
STREET ADDRESS	72 DUNBAR ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	SADOWSKY M.D., CARL	22 NAME	
STREET ADDRESS	192 COMMADORE DR	23 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	ZUNIGA M.D., JOSE	32 NAME	
STREET ADDRESS	13239 CAMERO WAY	33 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	BROWN M.D., JEFFREY	42 NAME	
STREET ADDRESS	53 DUNBAR RD	43 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	MARTINEZ M.D., WALTER	52 NAME	
STREET ADDRESS	137 BOWSPRIT	53 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I declare (or certify, verify or affirm) that the information supplied with this filing is voluntarily furnished and 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 above with an address.

SIGNATURE: Jeffrey Brown 2/23/95 1.07 694-1016

SIGNATURE OF NAMED OFFICER OR DIRECTOR — Jeffrey Brown — DATE — Daytime Phone #

0260173 CP