

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H58244** (5)

1. Corporation Name

**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**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**05/22/1985**

3a. Date of Last Report

**02/28/1995**

4. FEI Number

**65-0016119**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

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

**BROWN, JEFFREY B.  
53 DUNBAR RD  
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

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 reinstating)

DATE:

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**P  
TUCHMAN M.D., MICHAEL M.  
72 DUNBAR ROAD  
PALM BEACH GARDENS FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**V  
SADOWSKY M.D., CARL  
192 COMMADORE DR  
JUPITER FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**V  
ZUNIGA M.D., JOSE  
13239 CAMERO WAY  
PALM BEACH GARDENS FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**T  
BROWN M.D., JEFFREY  
53 DUNBAR RD  
PALM BEACH GARDENS FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**S  
MARTINEZ M.D., WALTER  
137 BOWSPRIT  
N. PALM BEACH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96

407 6941010

CR2E034 (12/95)