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FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
3365 BURNS RD #206
~~SUITE 200~~
PAL BCH GARDENS FL 33410

Mailing Address
3365 BURNS RD #206
~~SUITE 200~~
PAL BCH GARDENS FL 33410-4374



| | | | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/22/1985 | | 3a. Date of Last Report 03/19/1996 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 65-0016119 | | Applied For Not Applicable | |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|---|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TUCHMAN M.D., MICHAEL M. | 1.2 NAME | |
| STREET ADDRESS | 72 DUNBAR ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | 1.4 CITY-ST-ZIP | |
| TITLE | V | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SADOWSKY M.D., CARL | 2.2 NAME | |
| STREET ADDRESS | 192 COMMADORE DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | 2.4 CITY-ST-ZIP | |
| TITLE | V | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZUNIGA M.D., JOSE | 3.2 NAME | |
| STREET ADDRESS | 13239 CAMERO WAY | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | 3.4 CITY-ST-ZIP | |
| TITLE | T | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN M.D., JEFFREY | 4.2 NAME | |
| STREET ADDRESS | 53 DUNBAR RD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | 4.4 CITY-ST-ZIP | |
| TITLE | S | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTINEZ M.D., WALTER | 5.2 NAME | |
| STREET ADDRESS | 137 BOWSPRIT | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | N. PALM BEACH FL | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing 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 trustee 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 in an attachment with an address.

SIGNATURE:

CR2E034 (9/96)