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

PROFIT CORPORATION ANNUAL REPORT



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

1996

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	DOCUMENT # J778 1. Corporation Name SOUTH FLORIDA NEURO LAB	• • •			F 10 04 (4 0 0 11) 4 0 0 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	# #### # 10## #10## #10## ##### #10## #10## #10##
Section Sect	Principal Place of Business	Mailing Address				
Description	3500 TYLER ST	3500 TYLER ST	3021			
2. Principal Place of Business 2. Misring Address 2. Principal Place 5. Section 59-2825358						
Suite, Ant.	2. Principal Place of Business	2a. Mailing Address			4. FEI Number	· · · · · · · · · · · · · · · · · · ·
City & State Ci	1				59-2825358	Not Applicable
Trust Fund Contribution	Suite, Apt. #, etc.	₁			5. Certificate of Status Desired	
Country Coun	City & State	F, ·				1 1 2
10 Name and Address of New Registered Agent	Zip Country	· ·	— · ·	A 40 - 170 - 1 - 1 - 1 A 40 - 100 - 101 - 10		itangible tax under s. 199.032,
HIRSCHBERG, HERBERT 1558 NE 162ND ST NORTH MIAMI BEACH FL 33162 84 Only FL S Z D Code 11. Pursuant to the provisions of Sections 607 05.02 and 607 1506. Florids Statutes, the above named corporation a stands this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. Such change was auditorized by the corporation's board of directors. I hereby accept the appointment as registered deficiently and appointment as registered deficiently and appointment as registered						egistered Agent
1558 NE 162ND ST NORTH MIAMI BEACH FL 33162			81	Name		
NORTH MIAMI BEACH FL 33162 84			82	Street Addr	ess (P.O. Box Number is Not Acceptable	0)
11. Pursuant to the provisions of Sections 607 0502 and 807 ASUB. Florids Statutes, the above hanned corporation strinks this statement for the purpose of changing its registered office familiar with, and accept the obligations of Section 607 0505. Florids Statutes.	1000 ME 105MD 21					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Floridal Statutes, the above named corporation submiss this statement for the purpose of changing its registered offer or registered agent, or both, in the State of Floridal Subtries. SIGNATURE 12. OFFICE HS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. OFFICERS AND DIRECTORS IN 12. 17. INTEL 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. OFFICERS AND DIREC	NORTH MIAMI BEACH FL 33162		83			
11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statuties, the above-herned corporation is drawn to the purpose of changing its registered office projected agent, or both, in the State of Florida. Social change was withouted by the corporation's board of declars. Flereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Social 607.0505, Florida Statutes. SIGNATURE Symbol block of privide and efragoscial agent and the Papitisms Note Symbol block of privide and efragoscial agent and the Papitisms Note Symbol block of privide and efragoscial agent and the Papitisms Note Symbol block of privide and efragoscial agent and the Papitisms Note Symbol block of privide and efragoscial agent and the Papitisms Note Symbol block of privide and efragoscial agent and the Papitisms Note Symbol block of privide and efragoscial agent and the symbol block of privide and efragoscial agent and the symbol block of privide and efragoscial agent and the symbol block of privide and efragoscial agent and the symbol block of privide and efragoscial agent and the symbol block of privide and efragoscial agent and the symbol block of privide and efragoscial agent and the symbol block of privide and efragoscial agent and the symbol block of privide and efragoscial agent and the symbol block of privide and efragoscial agent and the symbol block of privide and efragoscial agent and the symbol block of privide and efragoscial agent and effect and effec			84	City		85 Zip Code
PP	familiar with, and accept the obligations of, Se SIGNATURE	ection 607.0505, Florida Statute	9S.			
PETTI, ALFONSO 12 NAME 3500 TYLER ST 13 SIMET ADDRESS 14 (DY ST-7P)			13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
13 SIPECT ADDRESS 3500 TYLER ST		☐ DELETE	1 1 THILE			Change Addition
HOLLYWOOD FL	AFAA TWI ED AT					
DELETE D	HOLLAWOOD EL					
### GROSSMAN, MELVIN 3220 STIRLING RD.	The Control of the Co	ווו און און און און און און און און און		7IP		Channe [7] Addition
3220 STIRLING RD.	•	Попп				Cutailite CT viduality
HOLLYWOOD FL	ACCO CTICUING DO			กกละรร		
DELETE STD				Į.		
1100 NE 153RD ST		DELETE		.=		Change Addition
N MIAMI FL			3.2 NAME			
			33 SIREET A	DDRESS		
### 42 NAME ### 42 NAME ### 43 STREET ADDRESS ### 200001748373 ### 200.00				ZiP		
43 STREET ADDRESS 44 C-1Y - ST-ZIP 300001748373 Addition		☐ DELETE				Change Addition
Addition						
S2 NAME				.	3000017.	40000
S2 NAME	·	☐ DELETE		ZIF1	-03719796	TOSICS Reference Claddition
18EFT ADDRESS 53 STREET ADDRESS 54 CITY - ST - ZIP		Floren			***200.00	Torrigo Diversion
54 CITY - ST-ZIP				DDRESS		
STREET ADDRESS ###200.00		DELETE			~700000174	Change Addition
	IAME		6.2 NAME			3 1 000
64 CHY - ST - ZIP	STREET ADDRESS		6 3 STREET AL	DDRESS	·──***200.00	
14. Lob horeby 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			5			

ceruly 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 artiform.

SIGNATURE:

- DIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR