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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **K02309** **(8)**

1. Corporation Name
STROKE SCREENING CENTER OF SEBASTIAN, INC.

Principal Place of Business	Mailing Address
~~C/O BRUCE A. MITCHELL ESQ. 1225 S. RIVERVIEW DR. MELBOURNE FL 32901~~	~~C/O BRUCE A. MITCHELL ESQ. 1225 S. RIVERVIEW DR. MELBOURNE FL 32901~~

3. Date Incorporated or Qualified: **11/16/1987**
3a. Date of Last Report: **04/29/1996**

2. Principal Place of Business
21: 1051 PORT MALABAR BLVD. NE
22 Suite, Apt. #, etc.: SUITE 6
23 City & State: PALM BAY, FL
24 Zip: 32905
25 Country: USA

2a. Mailing Address
27 Suite, Apt. #, etc.: SAME AS 2
28 City & State:
29 Zip:
30 Country:

4. FEI Number: **65-0017556** ☐ 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

9. Name and Address of Current Registered Agent

~~REINSON, JAMES L. 1225 S. RIVERVIEW DR MELBOURNE FL 32901~~
John Campbell, Esq
110 University Park Dr.
Suite 115
Winter Park, FL
32792

10. Name and Address of New Registered Agent

81 Name: JOHN M. CAMPBELL
82 Street Address (P.O. Box Number is Not Acceptable): 110 UNIVERSITY PARK DR
83: SUITE 115
84 City: WINTER PARK, 85 FL Zip Code: 32792

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: John M Campbell — 4/22/97
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	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WEISS, GARY M., M.D.	1.2 NAME	
STREET ADDRESS	7955 BAY ST, STE #5	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, GEORGE A., D.O	2.2 NAME	
STREET ADDRESS	13865 US HWY 1	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RIZWI, M. NASIR, M.D.	3.2 NAME	
STREET ADDRESS	1326 NE CHERRY HILL RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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: John M Campbell Attorney 4/22/97 407-678-1433