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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

K09677

(1)

NEURO DIAGNOSTIC CENTER OF BREVARD, INC.

Principal Place of Business 1051 PORT MALABAR BLVD.. NE #5 PALM BAY FL 32905

Mailing Address

1051 PORT MALABAR BLVD., NE #5 PALM BAY FL 32905



3. Date Incorporated or Qualified

12/28/1987

3a. Date of Last Report

05/01/1995

		2a. Mailing Addr	aec			4. FEI Number		Ar	oplied For		
Principal Place	of Business	l— · n	C33			59-2916281		No	ot Applicable		
Suite, Apt #, 6	elc.	26	, etc			5. Certificate of Status Desire	9d 🔲		Additional equired		
2		27				6 Floring Compaging Figure	ina .	\$5.00	May Be		
City & State		h :	Gity & State			6. Election Campaign Financing Trust Fund Contribution 55.00 May Be Added to Fees					
:3		28	Cou	nin		8. This corporation has liabil	ity for intangib	le tax under s	199 032,		
Zφ	Country	Zip	30	1 III y		Florida Statutes	🕻 Yes 🔲 No	0			
4	9. Name and Address of Currer	29 Agent				10. Name and Address of	New Register	red Agent			
	9. Name and Address of Colle	it flegistored region.		81 Name	ame I Domanda						
		92 Street Address P.O. Box Number is Not Acceptable)									
MITCHELL, BRUCE A. 1825 S. RIVERVIEW DR					72	35 7. 16	mer	meen	- 17V		
1825 5		83									
MELBU	JRNE FL 32901			0.00		7 1		85 Æga	Code		
				84 City	$(\mathcal{Y}$	elhourne		FL じ	3401		
44 December to	the provisions of Sections 607.050	2 and 607.1508, Flori	da Statutes, the abo	ve named	corpora	ition submits this statement for	the purpose o	of changing its re	egistered office adent. Lam		
or registered	the provisions of Sections 607,050 I agent for both, in the State of Fior , and alcopt the obligations of Sec	ida. Such change wa	s authorized by the a Statutes	corporation:	s hoard	d or orectors it hereby acceled					
familiar with	, and accept the obligations of Sec	My for door, flore.	, ottored				٠,	9231	ا حيي)؟		
SIGNATURE	/ KING (manifer Papplitonic	(Wille in the land	1 Agent Sign at in	festioned.	where teach shalling	()-	1.1			
12.	OFFICERS A	NO DIRECTORS	13.			ADDITIONS/CHANGES	O OFFICERS	Change	Addition		
TITLE		[] Di	ELETE 11	T) LE							
NAME	WEISS, GARY M.		121	NA•AF							
STREET ADDRESS	1051 PT MALABAR BV NE	# 5	13	STREET ADDRES	ŝ						
CITY - ST - ZIP	PALM BAY FL		14	DI Y-\$1-7(2)				Change	Addition		
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NAME				N/ ME							
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CITY - S1 - ZiP				C TY-ST-ZIP	-			Change	☐ Addition		
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NAME	İ			NAME							
STREET ADDRESS				STREET ADDRE	"						
CITY - ST - ZIP				CHY-ST_ZIP L'HLE	+			Change	Addition		
TIFLE		Ш		NAME							
NAME				: NAME 3 \$ TREE 1 ADDRE	ss						
STREET ADDRESS					~						
C-TY-ST-ZIP				T TITLE				☐ Change	☐ Addition		
TITLE			■ i	2 NAME							
NAME				a street addri	ss						
STREET ADDRESS											
CITY-ST-ZIP	by certify that the information supplies	od veita tajs filma is va	luntarily furnished a	nd does not	qualify	for the exemption stated in Sec	tion 119.07(3	l)(k), Florida Stat	utes. I further : if made under		
certify tha	Ly certify that the information supplied I the information indicated on this a I am an officer or director of the co n Block 12 or Block 13 if changed.	a pration or the recei	er or trustee embo	ort is true an wered to ex	d accur ecute tr	rate and that my signature shall nis report as required by Chapti	nave the samer 607, Florida	a Statutes; and t	hat my name		

SIGNATURE: GARYM Weiss M.D. 4-15-96 407-727-9063