FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 9:30

DOCUMENT # K53082 (9)

1. Corporation Name
NEURO-THERMO DIAGNOSTICS CENTER INC.

Principal Place of Business	Mailing Address
% GAUTAM D. THAKAR 13175 DOUBLE TREE CIRCLE WEST PALM BEACH FL 33414	% GAUTAM D. THAKAR 13175 DOUBLE TREE CIRCLE WEST PALM BEACH FL 33414

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 c/o BHATT MUKESH D	2a. Mailing Address: 26 c/o BHATT, MUKESH D.
Suite, Apt #, etc: 22 13175 DOUBLE TREE CIRCLE	Suite, Apt #, etc: 27 13175 DOUBLETREE CIRCLE
City & State: 23 WEST PALM BEACH	City & State: 28 WEST PALM BEACH
Zip: 24 33414 Country: 25 Palm Beach	Zip: 29 33414 Country: 30 Palm Beach

3. Date Incorporated or Qualified: 12/20/1988
3a. Date of Last Report: 04/12/1994
4. FEI Number: 65-0183196 ☐ 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

BHATT, MUKESH D.
13175 DOUBLETREE CIRCLE
WEST PALM BEACH 33414

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DCP
NAME	BHATT, MUKESH D.
STREET ADDRESS	13175 DOUBLETREE CIRCLE
CITY ST ZIP	WEST PALM BEACH FL
TITLE	S
NAME	BHATT, BHARTI M.
STREET ADDRESS	13175 DOUBLETREE CIRCLE
CITY ST ZIP	WEST PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY ST ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY ST ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY ST ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY ST ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY ST ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY ST ZIP		

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: M Bhatt MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0282130 CP