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

PROFIT CORPORATION ANNUAL REPORT

747 PONCE DE LEON

SUITE 500



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State
DIVISION OF CORPORATIONS

1996

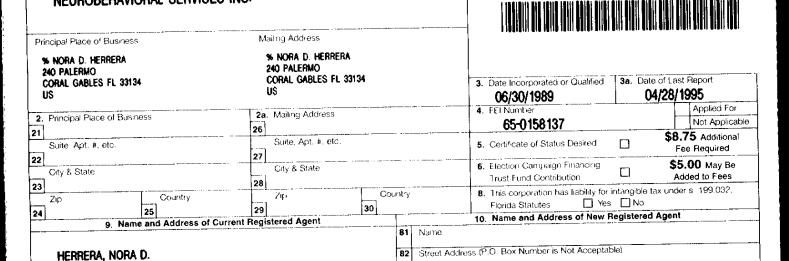
**DOCUMENT #** 

K99055

(1)

1. Corporation Name

NEUROBEHAVIORAL SERVICES INC.



CORAL GABLES FL 33134

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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607,0505, Florida Statutes.

83

| 12.             | one igned or protest house of registerer agent and prouf opinions. If RES |          | 13.                 | ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|-----------------|---|----------|---------------------|---|
| TITLE           | D   | DELETE   | 1 1 HilsE           | Change Addition                                   |
| NAME            | HERRERA, NORA D.  |          | 1 2 NAME            |   |
| STREET ADDRESS  | 240 PALERMO   |          | 1.3 STREET ADDRESS  |   |
| C(TY-ST-Z)P     | CORAL GABLES FL   |          | 14 CICY - ST - ZIP  | ☐ Change ☐ Addition                               |
| TITLE           | D   | DELETE   | 2 1 TITLE           | Change Addition                                   |
| NAME            | HERRERA, JORGE A  |          | 2.2 NAME            |   |
| STREET ADORESS  | 240 PALERMO   |          | 2.3 STREET ADDRESS  |   |
| CITY -ST - ZIP  | CORAL GABLES FL   |          | 2.4 CHY+ST ZP       | Change Addition                                   |
| TITLE           |   | ☐ DELETE | 3 1 TIT: F          | [] Change [] Addition                             |
| NAME            |   |          | 3.2 NAME            |   |
| STREET ADDRESS  |   |          | 3.3 STREET ADDRESS  |   |
| C-TY - ST - Z-P |   |          | 3.4 CHY+ST+ZIP      | ☐ Chance ☐ Addition                               |
| TITLE           |   | DELETE   | 4 1 THE             | Change Addition                                   |
| NAME            |   |          | 4.2 NAME            |   |
| STREET ADDRESS  |   |          | 4.3 STREET ADDRESS  |   |
| CITY-ST-ZIP     |   |          | 4.4.CHY+S1+ZIP      | ☐ Change ☐ Addition                               |
| THILE           |   | ☐ DELETE | 5 1 TITLE           | Change Addition                                   |
| NAME            |   |          | 5.2 NAME            |   |
| STREET ADDRESS  |   |          | 5.9 STREET ADDRESS  |   |
| CiTY-S1-ZiP     |   | <u>.</u> | 5 4 CITY - ST - ZIP | Chara Addition                                    |
| TITLE           |   | ☐ DELETE | 6 1 TITL\$          | ☐ Change ☐ Addition                               |
| NAME            |   |          | 6.2 NAME            |   |
| INCH L          |   |          | 6.3 STHEE! ADDRESS  |   |
| STREET ADDRESS  | 1   |          |                     |   |

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 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 certify 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:

4/9/96 305-444-3222

CR2E034 (12/95)