


**FILE NOW: Fee after May 1, will be \$588.75**

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97 MAR 31 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



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

**FILING FEE**  
\$ 203.75

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT #L95000000969**

NEURO NETWORK, L.C.  
3200 S.W. 60 COURT  
SUITE 302  
MIAMI FL 33158

1a. Principal Place of Business Address

3200 S.W. 60 COURT  
SUITE 302  
MIAMI FL 33158

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Organized or Qualified  
12/15/1995

3a. State of Formation  
FL

4. FEI Number  
65-0626246

Applied For  
 Not Applicable

5. Date of Last Report  
04/29/1996

6. Certificate of Status Desired  
\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

RESNICK, TREVOR J M.D.  
3200 S.W. 60 COURT  
SUITE 302  
MIAMI FL 33158

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc. ~~3000002130679-1~~

City ~~MIAMI~~ **FL**

Zip Code ~~33133~~ **33158**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	CULLEN, ROBERT F JR., M	3200 S.W. 60 COURT, SUITE	MIAMI FL
MGRM	ALVAREZ, LUIS M.D.	3200 S.W. 60 COURT, SUITE	MIAMI FL
MGRM	JAYAKAR, PRASANNA M.D	3200 S.W. 60 COURT, SUITE	MIAMI FL
MGRM	DERAY, MARCEL J M.D.	3200 S.W. 60 COURT, SUITE	MIAMI FL
MGRM	RESNICK, TREVOR J	3200 S.W. 60 COURT, SUITE	MIAMI FL
MGRM	TUCHMAN, ROBERTO F	3200 S.W. 60 COURT, SUITE	MIAMI FL

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ *[Signature]* **3/28/97 (305)662-8330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #