


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 99 MAR -1 PM 3: 12 SECRETARY OF STATE TALLAHASSEE, FLORIDA
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		
1. Name and Mailing Address of Limited Liability Company NEURO NETWORK, L.C. 3200 S.W. 60 COURT SUITE 302 MIAMI FL 33158		DOCUMENT # L95000000969		
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
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				5. Date of Last Report 04/10/1998
				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$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/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City		
		200002798742 03/09/99-01014-022 ****188.75 FL		
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 _____
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required when appointing)</small>				
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	
<i>42 2-3-99</i>				
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:		<i>Trevor J. Resnick, MD</i> 2/22/99 (305)662-8330		