

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

CORPORATION
ANNUAL REPORT
1995



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

FILED FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 3: 41

DOCUMENT # M59215 (7)

1. Corporation Name

THE NEURO-MEDICAL RESEARCH CENTER, INC.

Principal Place of Business

Mailing Address

~~2000 BISCAYNE BLVD.~~
STE 200
AVENTURA FL 33140
US

2000 BISCAYNE BLVD.
STE 200
AVENTURA FL 33180
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/17/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

05-0015880

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$0.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. 1135 Kane Concourse

Suite, Apt. #, etc.

22.

City & State

23. Bay Harbour Islands, FL

Zip

24. 33154

Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27.

City & State

28.

Zip

29.

Country

30.

8. Name and Address of Current Registered Agent

BROWN, GARY L.
2000 BISCAYNE BLVD.
STE 200
AVENTURA FL 33180

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

Signature, typed or printed name of registered agent and life if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSD
NAME BAUMEL, BERNARD
STREET ADDRESS 1135 KANE CONCOURSE
CITY-ST-ZIP B. H. ISLANDS FL

TITLE PTD
NAME EISNER, LARRY
STREET ADDRESS 1135 KANE CONCOURSE
CITY-ST-ZIP B. H. ISLANDS 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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 110.07(3)(b), 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:

[Signature]

2/23/95

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