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

APPROVED AND FILED

95 APR 28 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000053674 (6)**

1. Corporation Name

CORTEX DIAGNOSTIC SERVICES, INC.

Principal Place of Business	Mailing Address
~~2600 N MILITARY TRAIL~~ ~~#245~~ ~~BOCA RATON FL 33462~~ ~~US~~	~~2600 N MILITARY TRAIL~~ ~~#245~~ ~~BOCA RATON FL 33462~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0432811	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 2650 N Military Trail	26 2650 N. Military Tr
Suite, Apt. #, etc. 22 # 220	Suite, Apt. #, etc. 27 # 220
City & State 23 Boca Raton FL	City & State 28 Boca Raton, FL
Zip / Country 24 33431 / 25 US	Zip / Country 29 33431 / 30 US

9. Name and Address of Current Registered Agent

HOFFMAN, KENNETH C
1221 BRICKELL AVE.
MIAMI FL 33131

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	CFO ☐ Change ☒ Addition
NAME	~~BARBAROSH, MILTON~~	12 NAME	Dawn DELIA
STREET ADDRESS	~~6600 W. ROGERS CIR., STE. 13~~	13 STREET ADDRESS	9830-6 Pineapple Tree Drive #112
CITY-ST-ZIP	~~BOCA RATON FL 33487~~	14 CITY-ST-ZIP	Boynton Beach FL 33436
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	~~SUDDUTH, DAN~~	22 NAME	
STREET ADDRESS	~~2170 DRYDEN~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~HOUSTON TX~~	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HIRSH, CHARLES	32 NAME	
STREET ADDRESS	10270 SW 109TH ST	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	DFCEO	41 TITLE	☐ Change ☐ Addition
NAME	Wit, Cornelis	42 NAME	
STREET ADDRESS	2298 NW 56th St	43 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton FL 33496	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	Marilyn Zinns	52 NAME	
STREET ADDRESS	3205 Harrington Drive	53 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton FL 33496	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	Nico Letschert	62 NAME	
STREET ADDRESS	1801 Clutmore Road	63 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton FL 33431	64 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)(i), 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: _____ 4/24/95 407 241-7857
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR FOR OR DIRECTOR Title Daytime Phone #

Q97040 CP