FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

MAY - 1 AM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000057423 (4)

1. Corporate Name

PREMIER NEURO DIAGNOSTICS, INC.

Principal Place of Business	Mailing Address
11911 U S HIGHWAY 1 STE 201 N PALM BEACH FL 33408 US	11911 US HIGHWAY 1 STE 201 N PALM BEACH FL 33408 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1993
3a. Date of Last Report: 05/24/1994
4. FEI Number: 65-0424706 — Applied For / Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # etc. — 22 / 27
City & State — 23 / 28
Zip — 24; Country — 25; Zip — 29; Country — 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ISBELL, PAUL 1975 E SUNRISE BLVD STE 751 FT LAUDERDALE FL 33304	81 Name: MIELE, GREGORY 82 Street Address (P.O. Box Number is Not Acceptable): 4921 SAND DUNE CIRCLE #303 83 84 City: WEST PALM BEACH FL 85 Zip Code: 33417

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] GREGORY MIELE — 5-1-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D — [ ] Change [ ] Addition
NAME	MIELE, GREGORY	12 NAME	MIELE GREGORY
STREET ADDRESS	1416 SCOTTSDALE RD. WEST	13 STREET ADDRESS	4921 SAND DUNE CIRCLE #303
CITY-ST-ZIP	WEST PALM BEACH FL 33417	14 CITY-ST-ZIP	WEST PALM BEACH FL 33417
TITLE	D	21 TITLE	[ ] Change [ ] Addition
NAME	ISBELL, PAUL	22 NAME	
STREET ADDRESS	1975 E. SUNRISE BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	24 CITY-ST-ZIP	
TITLE		31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: [signature] GREGORY MIELE — 4-13-95 — 407-694-2767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0247860 CP