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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P93000059479 (4)

DOCUMENT #

This continue to the provisions of Sections 07 (200) and Address	FLORI	DA NEUROSCIENCES INC					
Main	Principal Place	of Business	Mailing Address				III 68111 98191 61118 19111 81811 19616 1911 1981
Principal Place of Business   2a, Malling Address   2a, Malling							
Suite, Apt							
Suite Apr. 8, etc.   Suite Apr. 8, etc.   Suite Apr. 9, etc.   Suite A	2. Principal Pla	ce of Business	2a. Mailing Address				Applied For
City & State	21		· k- · · · · · · · · · · · · · · · · · ·		64-0438876		
City & State    City & State   City & State   City & State	····		<b>⊢</b>		5. Certificate of Status Desired	1 1	
Trust Fund Contribution   Address of Exercises   Trust Fund Contribution   Address of Exercises   Trust Fund Contribution   Address of Exercises   Trust Fund Contribution	22 C4 8 State				& Fleates Connains Financing		
Zp	<del></del>		<u>}-</u> -, '			11 11 11 11	
25		Country	· <del> </del>	Countr			
BORKSON, ELLIOT P ESO	24	25	29	30		Florida Statutes	□No
BORKSON, ELLIOT P ESO 700 SE 3RD AVE. SUITE 300 FT. LAUDERDALE FL 33316  82   Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City		9. Name and Address of Curren	it Registered Agent		T	10. Name and Address of New R	tegistered Agent
## City   FL   85   2   2   2   2   2   2   2   2   2					Name		
SUITE 300 FT. LAUDERDALE FL 33316  11. Pursuant to the provisions of Section 507.0502 and 607.1508. Florids Statutes the allower named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Foreith. Social change was a thinknest by the correction's board of directions. Thereby accept the obligations of, Section 607.0508, Florids Statutes.  SGNATURE    The content of the purpose of changing its registered agent. Fem of the purpose of changing its regi				82	Street Addr	ess (P.O. Box Number is Not Acceptate	ole)
### City ###							
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floridal Statutes, the allower named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Floridal Statutes.  SIGNATURE    Supplies typed of protein and of bydrack spiriture in process.   MATE Registered Agent and of directors.   I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Floridal Spiriture in process.   MATE Registered Agent of directors.   I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Floridal Spiriture in process.   MATE Registered Agent of directors.   I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of changing its registered agent. I am familiar with, and accept the obligations of changing its registered agent. I am familiar with, and accept the obligations of changing its registered agent. I am familiar with, and accept the obligations of changes agent. I am familiar with, and accept the obligations of changing its registered agent. I am familiar with, and accept the obligations of changes agent. I am familiar with, and accept the obligations of changes agent. I am familiar with, and accept the obligations of changes agent. I am familiar with, and accept the obligations of changes agent. I am familiar with, and accept the obligations of changes agent. I am familiar with, and accept the obligations of changes agent. I am familiar with, and accept the obligations of changes agent. I am familiar with, and accept the obligations of changes agent. I am familiar with, and accept the obligations of changes agent. I am familiar with, and accept the obligations of changes agent. I am familiar with accept agent. I am familiar with a constraints of changes and accept the obligations of changes and accept the obligations of changes and accept the obl				0.5			
registered agent, or both, in the State of Forida. Such change was authorized by the correction's board of directors. Thereby accept the appointment as registered agent. Earn familiar with, and accept the obligations of. Section 607-0506, Florida. Statutes.  SIGNATURE    Symbol   S	FI. LAI	UDERDALE FL 33316		84	City		85 Zip Code
NAME   GERVIN, STEPHEN Z MD   13 STREET ADDRESS   13 STREET ADDRESS   14 CITY - ST - ZIF   10 Change   Addition   Addit	SIGNATURE _	Stynature, typed or printed rianle of respite econgest	and their ay picabe	(NCTE Registers LA <sub>d</sub> e		d whereenstang	OA*E
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TITLE	NAME			1.2 NAME			
TITLE	STREET ADDRESS			1 3 STREE	LADORESS		
NAME   GERVIN, SUSAN   700 WASHINGTON ST.   23 S/HEH I ADDRESS   CITY-ST-ZIP   HOLLYWOOD FL   24 CITY-ST-ZIP			E 50.51				D Change D Addition
23 STREET ADDRESS	1		C) DETENT				L unange Addition
CITY-ST-ZP   HOLLYWOOD FL		T					
TITLE	<b>j</b>			1			
NAME		MOLET WOOD I'E	DELETE				Change Addition
CITY-ST-ZIP	1			3.2 NAME	ļ		<u> </u>
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NAME 62 NAMI			L. Derreite				99-
STREET ADDRESS 63 STRE 1 ADDRESS					LADORESS		

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)(k). 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 configuration of 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 18 if chapter 1, or or an exactment with an address.

64 City St-ZIF

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND LYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

STEPHEN 2. GERUIN M.D. (S)

954 - 961 - 3365 Dayme Prima #

CR2E034 (12/95)