

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000018625 (1)

1. Corporation Name

MIAMI NEUROLOGICAL INSTITUTE, INC.



Principal Place of Business

1321 N.W. 14TH ST.  
#400  
MIAMI FL 33125

Mailing Address

1321 N.W. 14TH ST.  
#400  
MIAMI FL 33125

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

BERTI, ALDO F  
1321 N.W. 14TH ST.  
#400  
MIAMI FL 33125

3. Date Incorporated or Qualified

03/10/1994

3a. Date of Last Report

07/14/1995

4. FEI Number

APPLIED FOR 65-0604620

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

10. Name and Address of New Registered Agent

81 Name RAFAEL J. SERRANO

82 Street Address (P.O. Box Number is Not Acceptable)

1840 W. 49TH ST. #602

83

84 City HIALEAH

FL

85

Zip Code 33012

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

RAFAEL J. SERRANO

2/20/96

Signature of officer or director of corporation or registered agent (P.O. Box Number is Not Acceptable)

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

PD

NAME

BERTI, ALDO F

STREET ADDRESS

1321 N.W. 14TH ST. #400

CITY-ST-ZIP

MIAMI FL 33125

TITLE

S/T/D.

NAME

RAFAEL J. SERRANO

STREET ADDRESS

1840 W. 49TH ST. #602

CITY-ST-ZIP

HIALEAH, FL. 33012

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

☐ Change ☐ Addition

1.1 TITLE

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

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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\*\*\*200.00

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 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:

RAFAEL J. SERRANO, SEC/TREAS.

2/20/96 305-822-8161  
SC-11-29-96

CR2E034 (12/95)