**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.**
**AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 9:19

DOCUMENT # **P94000054855 (9)**

1. Corporation Name
**NEUROMEDICAL MANAGEMENT, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5205 GREENWOOD AVE.<br>SUITE 200<br>WEST PALM BEACH FL 33407 | 5205 GREENWOOD AVE.<br>SUITE 200<br>WEST PALM BEACH FL 33407 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/25/1994
3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 3365 BURNS RD | 26 3365 BURNS RD |
| Suite, Apt. #, etc.<br>22 SUITE 206 | Suite, Apt. #, etc.<br>27 SUITE 206 |
| City & State<br>23 PALM BCH GDNS, FLORIDA | City & State<br>28 PALM BCH GDNS, FLORIDA |
| Zip / Country<br>24 33410 / 25 USA | Zip / Country<br>29 33410 / 30 USA |

4. FEI Number: 65-0518511 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Finance 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

JURAN, LAWRENCE B
2255 GLADES RD.
SUITE 300 EAST
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1200 CORPORATE CENTER WAY
83 SUITE 100
84 City: WELLINGTON FL 85 Zip Code: 33414

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 | | ☐ Change ☐ Addition |
| NAME | SADOWSKY, CARL H | 12 NAME | | |
| STREET ADDRESS | 5205 GREENWOOD AVE., #200 | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33407 | 14 CITY-ST-ZIP | | |
| TITLE | D | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | MARTINEZ, WALTER C | 22 NAME | | |
| STREET ADDRESS | 5205 GREENWOOD AVE., #200 | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33407 | 24 CITY-ST-ZIP | | |
| TITLE | D | 31 TITLE | D | ☒ Change ☐ Addition |
| NAME | TUCHMAN, MICHAEL M | 32 NAME | TUCHMAN, MICHAEL M | |
| STREET ADDRESS | 3355 BURNS RD., #201 | 33 STREET ADDRESS | 3365 BURNS RD., #206 | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | 34 CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | |
| TITLE | D | 41 TITLE | D | ☒ Change ☐ Addition |
| NAME | BROWN, JEFFREY B | 42 NAME | BROWN, JEFFREY B | |
| STREET ADDRESS | 3355 BURNS RD., #201 | 43 STREET ADDRESS | 3365 BURNS RD.,#206 | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | 44 CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | |
| 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 | | |

CR2E034 (3/95)

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:** _____ 6/16/95 407 6941010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002400 CP