

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000003129

1. Entity Name  
NEURO COGNITIVE DYNAMICS, INC.

Principal Place of Business  
3700 N. 32ND TERRACE  
HOLLYWOOD FL 33021

Mailing Address  
3700 N. 32ND TERRACE  
HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number **65-0549212**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

### 6. Name and Address of Current Registered Agent

DOLCHIN, STEVEN B  
THE OAKS, SUITE 202B  
4330 SHERIDAN ST.  
HOLLYWOOD FL 33021

Name

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

City

**FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

### 11. OFFICERS AND DIRECTORS

TITLE **D**  
NAME GETTLIEB, SHIRLEY E  
STREET ADDRESS 3700 N 32ND TERRACE  
CITY-ST-ZIP HOLLYWOOD FL 33021

### 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shirley E. Gettlieb*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-02

Date

Daytime Phone #

0  
01483838  
AV

FILED  
Jan 08, 2002 8:00 am  
Secretary of State

01-08-2002 90005 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)