5/6/2002-90058-011-$158.75-$158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 23 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000030406

1. Entity Name TECHNICAL NEUROLOGICAL TESTING INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4025 NORTH FEDERAL HWY	4025 North Federal Hwy
Suite, Apt. #, etc. # B327	Suite, Apt. #, etc. # B327
City & State OAKLAND PARK FL	City & State OAKLAND PARK FL
Zip 33308 Country Brevard	Zip 33308 Country Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number 650168676 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ALISON O'DONNELL

Street Address (P.O. Box Number is Not Acceptable): 4025 NORTH FEDERAL HWY B327

City: OAKLAND PARK FL **FL** Zip Code: 33308

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: Alison O'Donnell President / Officer registered agent 4/23/02

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) ☑

January 1 - May 1 Fee is $150.00
After May 1 Fee is $650.00
Amended UBR is $61.25
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	P (CHANGED)
NAME	O'DONNELL, ALISON
STREET ADDRESS	4025 N FEDERAL HWY B327
CITY-ST-ZIP	OAKLAND PARK FL 33308-
TITLE	
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Alison O'Donnell 4/23/02 954 6732321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #