

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90010 001 ***150.00

DOCUMENT # **P95000045248**

Corporation Name

DOCTORS NEUROMUSCULAR REHABILITATION, INC.

Principal Place of Business

10071 NW 7 AVE
MIAMI FL 33150

Mailing Address

10071 NW 7 AVE
MIAMI FL 33150

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1995

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0570955

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

BRASS, H. CRAIG
10071 NW 7 AVE
MIAMI FL 33150

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

I, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

LE PD ☐ DELETE
ME **BRASS, H. CRAIG**
REET ADDRESS **10071 NW 7 AVE**
Y-ST-ZIP **MIAMI FL 33150**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

LE ☐ DELETE
ME
REET ADDRESS
Y-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

LE ☐ DELETE
ME
REET ADDRESS
Y-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

LE ☐ DELETE
ME
REET ADDRESS
Y-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

LE ☐ DELETE
ME
REET ADDRESS
Y-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

LE ☐ DELETE
ME
REET ADDRESS
Y-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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:

SIGNATURE

CR2E034 (5/99)

FREISTAT & ASSOCIATES, P.A.

Certified Public Accountants

18211 N.E. 18th Avenue • North Miami Beach, Florida 33162 • (305) 945-4151 • Telecopier 945-1215

Warren Freistat, C.P.A.

Members:

American Institute of
Certified Public Accountants
Florida Institute of
Certified Public Accountants

August 2, 1999

Secretary of State
Annual Reports
P.O. Box 1500
Tallahassee, FL 32302

Re: Doctors Neuromuscular Rehabilitation, Inc.
65-0570955

Gentlemen:

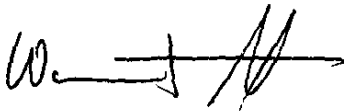
We are enclosing the above referenced entity's Corporate Annual Report and remittance in the amount of \$150.00. The entity stipulates that the original Corporate Annual Report form was not received and therefore not filed.

We respectfully request you accept the enclosed check for \$150.00 in full payment of the annual fee. This entity has, in all prior years, been in full and timely compliance and inexplicable circumstances caused this delinquency.

Thank you for your cooperation.

Very truly yours,

FREISTAT & ASSOCIATES, P.A.



Warren Freistat
Certified Public Accountant

WF:bf
Enc.

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