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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000053686 (8)

1. Corporation Name

THE NEUROLOGICAL INSTITUTE, P.A.



Principal Place of Business

2295 CORPORATE BLVD. STE 145
BOCA RATON FL 33431

Mailing Address

2295 CORPORATE BLVD. STE 145
BOCA RATON FL 33431-7330

3. Date Incorporated or Qualified
07/12/1995

3a. Date of Last Report
07/03/1996

4. FEI Number

65-0593365

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

2. Principal Place of Business

21 9970 Central Pk Blvd

Suite, Apt. #, etc.

22 201

City & State

23 Boca Raton, FL

Zip

24 33428

Country

25 USA

2a. Mailing Address

26 9970 Central Pk Blvd

Suite, Apt. #, etc.

27 Ste: 201

City & State

28 Boca Raton FL

Zip

29 33428

Country

30 USA

9. Name and Address of Current Registered Agent

SCHIFTAN, ROBERT O MD
2295 CORPORATE BLVD. STE 145
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

B1 Name Schiftan, Robert C MD.
B2 Street Address (P.O. Box Number is Not Acceptable)
9970 Central Park Blvd
B3 Suite 201
B4 City Boca Raton FL B5 Zip Code 33428

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, on 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

Robert Schiftan MD - president 1/13/97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SCHIFTAN, ROBERT O M.D.
STREET ADDRESS 2295 CORPORATE BLVD. STE 145
CITY-ST-ZIP BOCA RATON FL 33431

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do 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]* 761-487-3777

CR2E034 (9/96)