

# P 95000057165

OFFICE USE ONLY (Document #)

Peter Barone  
 (Requestor's Name)  
5403 NW 199 Terrace  
 (Address)  
Miami FL 33055  
 (City/State, Zip) (Phone #)

2000001548822  
 -07/21/95--01060--004  
 \*\*\*\*140.00 \*\*\*\*\*70.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Sitrep Neuro-Diagnostic, Inc.  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

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 1995 JUL 21 AM 10:38  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☒ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
XX	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

R CHESSER JUL 25 1995

Examiner's Initials

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

SUBJECT: Sitrep Neuro-Diagnostic, Inc.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of Incorporation and a check  
for :

☒ \$70.00    ☐ \$78.75    ☐ \$122.50    ☐ \$131.25

FROM: The Law Office Of Eduardo Exposito  
Name (printed or typed)

3910 West Flagler Street  
Address

Miami, Florida 33134  
City, State & Zip

(305) 620-8246  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

Sitrep Neuro-Diagnostic, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3910 West Flagler Street  
Miami, Florida 33134

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares @ .10¢ a Share

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

The Law Office Of Eduardo Exposito  
3910 West Flagler Street  
Miami, Florida 33134

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TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

President - Peter A. Barone - 20604 N.W. 55th Court - Miami, Fl 33055

Vice President - Yanet Baez - 10642 N.W. 83rd Court - Miami Lakes, Fl 33016

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

12th day of July, 1995.

Peter A. Barone  
Signature

Yanet Baez  
Signature

\_\_\_\_\_  
Signature

**Articles of Incorporation  
Filing Fee - \$35**

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Sitrep Neuro-Diagnostic, Inc.

2. The name and address of the registered agent and office is:

The Law Office of Eduardo Exposito  
(Name)

3910 West Flagler Street  
(P.O. Box not acceptable)

Miami, Florida 33134  
(City/State/Zip)

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TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Eduardo A. Exposito  
(Signature)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

96 SEP 27 PM 5:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2644

DOCUMENT # **P95000057165**

1 Corporation Name

**SITREP NEURO-DIAGNOSTIC, INC.**

Principal Place of Business

3910 W FLAGLER ST  
MIAMI FL 33134

Mailing Address

3910 W FLAGLER ST  
MIAMI FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2 New Principal Office Address, If Applicable

3 New Mailing Office Address, If Applicable

4 Date Incorporated or Qualified  
To Do Business in Florida

07/21/1995

Suite, Apt. #, etc

Suite, Apt. #, etc

5 FEI Number

10505944-10

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6 CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required  
for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Peter A. Barone	20604 N.W. 55th Court	Miami, Florida 33055
V.P.	Yanet Baez	10642 N.W. 83rd Court	Miami Lakes, FL 33016

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-10/15/96--01185--012  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent

LAW OFFICE EDUARDO EXPOSITO  
3910 W FLAGLER ST  
MIAMI FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Eduardo A. Exposito*

REGISTERED AGENT MUST SIGN

Date 9.18.96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.18.96  
Date

620-8246  
Daytime Phone #