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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000063917 (5)

1. Corporation Name

NEURO-VASCULAR TESTING, INC.

Principal Place of Business

7980 CORAL WAY
MIAMI FL 33155

Mailing Address

7980 CORAL WAY
MIAMI FL 33155



3. Date Incorporated or Qualified

08/18/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEPOUREAU, PIERRE
9102 WEST BAY HARBOR DRIVE
#2BW
BAY HARBOR ISLAND FL 33154

81 Name

Jorge L. Perez-Gurri

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

5915 Ponce De Leon Blvd. Suite 12

83

Coral Gables, FL

84 City

FL

85

Zip Code

33146

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, 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

Jorge L. Perez-Gurri

(Signature typed in printed name of registered agent and that applicable)

(NOTE: Registered Agent signature required when reinstating)

1-23-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

XX DELETE

1.2 NAME

LEPOUREAU, PIERRE

1.3 STREET ADDRESS

9102 W. BAY HARBOR DR #2BW

1.4 CITY-ST-ZIP

BAY HARBOR ISLANDS FL 33154

1.5 CITY-ST-ZIP

BAY HARBOR ISLANDS FL 33154

1.6 NAME

□ DELETE

1.7 STREET ADDRESS

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1.8 CITY-ST-ZIP

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1.9 NAME

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1.26 CITY-ST-ZIP

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2.1 TITLE

P

2.2 NAME

Perez-Gurri, Diane

2.3 STREET ADDRESS

8430 S.W. 98 Street

2.4 CITY-ST-ZIP

Miami, FL 33156

2.5 CITY-ST-ZIP

Miami, FL 33156

2.6 NAME

VP

2.7 STREET ADDRESS

Sierra, Teresita

2.8 CITY-ST-ZIP

5511 Sardinia Street

2.9 CITY-ST-ZIP

Coral Gables, FL 33146

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Coral Gables, FL 33146

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Coral Gables, FL 33146

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Diane Perez-Gurri

Diane Perez-Gurri

1/23/96 305-267-5055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)