FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P95000063917

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1995
4. FEI Number: 65-0617338 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
PEREZ-GURRI, DIANE
7980 S.W. 24 STREET
MIAMI FL 33155

10. Name and Address of New Registered Agent
81 Name: Capital Connection Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 417 E. Virginia Street
83 Ste 1
84 City: Tallahassee FL 85 Zip Code: 32301

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: Capital Connection, Inc. Crystal L Dugger Crystal Dugger 4-20-99

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	PEREZ-GURRI, DIANE	
STREET ADDRESS	7980 S.W. 24 STREET	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VP	[ ] DELETE
NAME	SIERRA, TERESITA	
STREET ADDRESS	5511 SARDINIA STREET	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	[ ] DELETE
NAME	SUAREZ, ORLANDO	
STREET ADDRESS	8977 S.W. 28 STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VP	XX Change [ ] Addition
12 NAME	PEREZ-GURRI, DIANE	
13 STREET ADDRESS	7980 CORAL WAY	
14 CITY-ST-ZIP	MIAMI, FL 33155	
21 TITLE	P	XX Change [ ] Addition
22 NAME	SIERRA, TERESITA	
23 STREET ADDRESS	7980 CORAL WAY	
24 CITY-ST-ZIP	MIAMI, FL 33155	
31 TITLE	D	XX Change [ ] Addition
32 NAME	SUAREZ, ORLANDO	
33 STREET ADDRESS	7980 CORAL WAY	
34 CITY-ST-ZIP	MIAMI, FL 33155	
41 TITLE		[ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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14. 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, with all other like empowered.

SIGNATURE: Diane Perez — DIANE PEREZ-GURRI 4/16/99 (305) 267-8748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)