

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000069725 (6)

1. Corporation Name

NEURO NETWORK, INC.

FILED
May 01, 1996 08:00 AM
Secretary of State



Principal Place of Business

3200 S.W. 60 COURT
MIAMI FL 33155

Mailing Address

3200 S.W. 60 COURT
MIAMI FL 33155

3. Date Incorporated or Qualified

09/11/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0607788

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RESNICK, TREVOR J M.D.
3200 S.W. 60 COURT
MIAMI FL 33155

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT ☐ DELETE
NAME ROBERT F. CULLEN, M.D.
STREET ADDRESS 3200 SW 60 CT SUITE 302
CITY-ST-ZIP MIAMI FL 33155

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

TITLE TREASURER ☐ DELETE
NAME LUIS A. ALVAREZ, M.D.
STREET ADDRESS 3200 SW 60 CT SUITE 302
CITY-ST-ZIP MIAMI FL 33155

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

TITLE SECRETARY ☐ DELETE
NAME PRASANNA JAYAKAR, M.D.
STREET ADDRESS 3200 S.W. 60 CT SUITE 302
CITY-ST-ZIP MIAMI FL 33155

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

TITLE MEMBER ☐ DELETE
NAME ROBERTO TUCHMAN, M.D.
STREET ADDRESS 3200 SW 60 CT SUITE 302
CITY-ST-ZIP MIAMI FL 33155

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

TITLE MEMBER ☐ DELETE
NAME TREVOR J. RESNICK, M.D.
STREET ADDRESS 3200 SW 60 CT SUITE 302
CITY-ST-ZIP MIAMI FL 33155

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

TITLE MEMBER ☐ DELETE
NAME MARCEL J. DERAY, M.D.
STREET ADDRESS 3200 SW 60 CT SUITE 302
CITY-ST-ZIP MIAMI FL 33155

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

(305) 670-1572

CR2E034 (12/95)