## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000069725 (6)

NEURO NETWORK, INC.

## **FILED** Apr 03 1997 8:00am Secretary of State



Principal Place of Business Mailing Address									
						- the contract and the latter material material material material contract and cont			
3200 S.W. 60 ( MIAMI FL 3315		3200 S.W. 80 COURT MIAMI FL 33155-4000							
						3. Date Incorporated or Qualified 09/11/1995		te of Last 1/1996	Report
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number			Applied For	
21		26			the state of the s			Vot Applicable	
Suite, Apt #, etc. 22		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	Cou	intry		8. This corporation has liability for	ntangible		
24	25	29	30					No	
	g. Name and Address of Currer	nt Registered Agent	·			10. Name and Address of New Re	gistered /	igent	
	SNICK, TREVOR J M.D.			81	Name				
3200 S.W. 60 COURT				82 Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33155									
				83					
				84	City		FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statu	tes the a	bove	named cor	poration submits this statement for the r		changing	its registered
office or i agent. La	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, F	authorize lorida Sta	d by tutes	the corpora	poration submits this statement for the particular to the particular of directors. I hereby acceptions	ot the app	ointment a	s registered
SIGNATURE	Sign it he type if an printed name of registered age	not and title if anythrable (NO	TE Benislare	d Ager	al tronslute requi	ired when reinstating)	DATE		
12.		D DIRECTORS	13.	o rigor	n b grade lego	ADDITIONS/CHANGES TO OFFIC	~	DIRECTO	ORS IN 12
TIFLE	P	DELETE						☐ Change	Addition
NAME	CULLEN, ROBERT F MD		1.2 N	AME					
STREET ADDRESS	3200 SW 60 CT, STE 302		1.4 CITY 2.1 TITU 2.2 NAM		ADDRESS				
CHY-ST-ZIP	MIAMI FL 33155				- ZIP				
THLE	T	DELETE						Change	Addition
NAME	ALVAREZ, LUIS A MD								
STREET ADDRESS	3200 SW 60 CT, STE 302				ADDRESS				
CHY ST-ZP	MIAMI FL 33155			2.4 CITY-ST-ZIP					
TIFLE	8	☐ DELETE	3.1 7)	TLE				Change	Addition
NAME	JAYAKAR, PRASAMMA MD		3.2 N	AME					
STREET ADDRESS	3200 SW 60 CT, STE 302		335	CREET .	ADDRESS				
CITY - ST - ZIP	MIAMI FL 33155			ITY-S	T-ZIP				
TILLE	M	DELETE	4.1 Ti	TLE				Change	Addition
NAME	TUCHMAN, ROBERTO MD		4.21	AME				٠	
STREET ADORESS			4.3 \$	TREET	ADDRESS				
CHY-ST-7IP	MIAMI FL 33155			TY-SI	- ZIP			,	
THUE	M DECLINOR TRENON LAND	DELETE	5.1 T(					Change	Addition
NAMi	RESNICK, TREVOR J MD		5.2 N.						
STREET ADDRESS	3200 SW 60 CT, STE 302				ADDRESS				
CITY-ST-ZIP	MIAMI FL 33155	I T BOLEVE		ITY-SI	-ZIP			TT Čhanes	. Tabasa
TITLE	DEDAY MADOEL LAID	DELETE	6.1 T					Change	Addition
NAME	DERAY, MARCEL J MD		6.2 N						
STREET ADORESS	3200 SW 60 CT, STE 302				ADDRESS				
CITY - ST - ZIF	MIAMI FL 33155		6.4 C	TY-S	- ZIP		<del> </del>		

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 and cated 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: