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Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90019 013 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000009724

1. Corporation Name  
NEUROMETRICS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 13005 SOUTHERN BOULEVARD, SUITE 123 LOXAHATCHEE FL 33470  
Mailing Address: 13005 SOUTHERN BOULEVARD, SUITE 123 LOXAHATCHEE FL 33470

3. Date Incorporated or Qualified  
01/31/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: 65-0639125  
5. Certificate of Status Desired:  Applied For,  Not Applicable. Fee: \$8.75 Additional Fee Required.  
6. Election Campaign Financing:  Trust Fund Contribution. Fee: \$5.00 May Be Added to Fees.  
8. This corporation owes the current year Intangible Personal Property Tax:  Yes,  No.

9. Name and Address of Current Registered Agent  
ZIPPAY, CATHLEEN  
13005 SOUTHERN BLVD  
SUITE 123  
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code (FL).

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 signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS (DELETE) table with columns for TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes PSD ZIPPAY, CATHLEEN A and VTD SHLAMOWITZ, MORRIS A M.D.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 table with columns for 1.1-1.4 and 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4. Includes checkboxes for Change and Addition.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/99 5617531321

CR2E034 (1/1/98)