

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90009 050 ***150.00

DOCUMENT # P96000009724

1. Entity Name
NEUROMETRICS, INC.

Principal Place of Business Mailing Address
13005 SOUTHERN BOULEVARD, SUITE 123 **13005 SOUTHERN BOULEVARD, SUITE 123**
LOXAHATCHEE FL 33470 **LOXAHATCHEE FL 33470-9231**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0639125 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number Is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ZIPPAY, CATHLEEN A 13005 SOUTHERN BOULEVARD, SUITE 123 LOXAHATCHEE FL 33470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SHLAMOWITZ, MORRIS A M.D. 13005 SOUTHERN BOULEVARD, SUITE 123 LOXAHATCHEE FL 33470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE: *SIGNATURE OF MORRIS A. SHLAMOWITZ* *President* Date: 2/20/00 Daytime Phone #: 561 753 4321

CR2E034 (9/99)